



Volunteer Application

**Read Carefully** – All questions in this application must be answered fully before it will be accepted. All answers must be printed in ink or typewritten. Any willful misrepresentation, omission, or falsification of information in this application is sufficient cause for the disqualification of the applicant.

**I. PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Library Card Number (TCPL only): \_\_\_\_\_

Are you 18 year or older? \_\_\_ Yes \_\_\_ No If no, date of birth: \_\_\_\_\_

**Volunteers under 18 years of age must have a parent/guardian complete the consent section at the end of this form.**

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

I am seeking this volunteer position for (Check all that apply):

\_\_\_ School \_\_\_ Class \_\_\_ Scholarship \_\_\_ Community Service \_\_\_ Regular Library Volunteer

Name of school: \_\_\_\_\_

School contact person: \_\_\_\_\_

Number of hours to complete: \_\_\_\_\_ Deadline for completion: \_\_\_\_\_

Do you require special accommodations? \_\_\_ Yes \_\_\_ No

If yes, what? \_\_\_\_\_

Volunteer work may involve heavy lifting, repetitive motions, bending, stretching, and other physical stressors. Are you able to handle the physical requirements? \_\_\_ Yes \_\_\_ No

**II. AREAS OF INTEREST** (Please check the areas in which you are interested in volunteering?)

\_\_\_ Making phone calls

\_\_\_ Program helper

\_\_\_ Pulling items from shelves to fill requests

\_\_\_ Shelving

\_\_\_ Other (Please specify) \_\_\_\_\_

**III. SPECIAL SKILLS OR TRAINING**

Do you have any special skills or training? (Computer skills, baby-sitter training, sign language, art classes, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What languages(s) other than English do you speak: \_\_\_\_\_

Read: \_\_\_\_\_ Write: \_\_\_\_\_

**IV. DAYS/ HOURS OF AVAILABILITY/LOCATION**

Monday: _____	_____ Main Library
Tuesday: _____	_____ Bolivar Branch
Wednesday: _____	_____ Strasburg Branch
Thursday: _____	_____ Sugarcreek Branch
Friday: _____	_____ Tuscarawas Branch
Saturday: _____	_____ Mobile Services

**V. AREAS OF INTERESTS** (Please check department(s)/locations in which you are interested in volunteering)

\_\_\_\_ Adult Department \_\_\_\_ Teen Department \_\_\_\_ Children’s Department \_\_\_\_ Branch or Mobile (indicate above)

Previous volunteer experience if applicable (Summarize your previous volunteer experience, including name of the organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. DECLARATION OF APPLICANT**

Please read the following before signing below:

As a volunteer for the Tuscarawas County Public Library System, I understand that:

- My volunteer time is a serious commitment – people are counting on me and relying on me.
- I am expected to know my schedule, be on time, and not miss my scheduled time.
- If something comes up, I will call to notify the library as soon as I know I won’t be able to attend.
- I understand that if I miss more than two scheduled volunteer shifts without contacting the library, it will be assumed that I am no longer interested.
- My signature below authorizes the Tuscarawas County Public Library System to contact the appropriate agencies in order to investigate my background information. This investigation may include, but not be limited to, such information as criminal or civil conviction, driving records, and previous volunteer references.
- I hereby affirm that there are not willful misrepresentations, omissions, or falsifications, in the information I have provided on this form.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If the potential volunteer is 17 years or younger a parental/legal guardian signature is required below:

Medical Emergencies Involving Minors: In the event that a parent or legal guardian of a minor volunteer cannot be reached in a medical emergency, the Tuscarawas County Public Library System is authorized to arrange for emergency medical treatment, the cost of which will be the sole responsibility of the parent or legal guardian.

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Print Name of parent/legal guardian	Signature of parent/legal guardian	Date
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**VI. Background Check**

- I grant the Tuscarawas County Public Library System the right to do a background check on me for the purpose of volunteering at the library.
- I understand that the library needs the following information in order to perform the background check:

Name \_\_\_\_\_

Any other legal names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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Print Name	Signature	Date
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Return completed application to your nearest Tuscarawas County Public Library System location, by email at [tcplevents@tusclibrary.org](mailto:tcplevents@tusclibrary.org) or mail to:

Volunteer Services  
Tuscarawas County Public Library System  
121 Fair Ave. NW  
New Philadelphia, OH 44663