



Greene County
Public Library

Application for Library Volunteer

An Equal Opportunity Employer

P.O. Box 520 • 76 East Market Street • Xenia, Ohio 45385 • (937) 352-4000

Please print clearly and complete both sides of this application. If you are under 18, a parent or guardian's signature is required. Please return the completed application to one of the community libraries in the Greene County system: Xenia, Beavercreek, Fairborn, Yellow Springs, Winters-Bellbrook, Jamestown or Cedarville.

Personal Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City/State: _____ Zip: _____

Phone: (H) _____ (W) _____ (e-mail) _____

Current Employer: _____ Occupation: _____

How did you find out about volunteer opportunities at the library? _____

Emergency Contact Person:

Name: _____ Phone: _____ Relationship: _____

Availability: (Please check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Is there a location where you would prefer to work? _____

Interests:

Please check any activity that interests you:

- | | | |
|-------------------------------------|-------------------------|-------------------------------|
| _____ Book Sale Assistant | _____ Publicity | _____ Computer Assistant |
| _____ General Library Assistant | _____ Shelf Reader | _____ Greene County Room |
| _____ Dusting & Shelf Straightening | _____ Program Assistant | _____ Weeding/Outdoor Cleanup |

_____ Other?

Volunteer Experience: Have you ever volunteered before? _____ Yes _____ No

If yes, where, and what were your tasks? _____

Skills:

Do you have any special skills that you would like to share at the library? _____

References:

Please list two references in the space provided (no family members and references must be over age 18):

Name: _____ Daytime Phone: _____ Relationship: _____

Name: _____ Daytime Phone: _____ Relationship: _____

Have you ever been convicted of a felony offense? ____Yes ____No

Please sign below when you have read and understood this statement:

The information I have provided is accurate and true to the best of my knowledge. My signature indicates permission for the Greene County Public Library to contact my personal references. I understand that the Greene County Public Library is not obligated to provide a volunteer placement in the organization, nor am I obligated to accept a volunteer position if offered. Furthermore, I understand that volunteering does not imply or guarantee future employment with the library. I also understand that in order to volunteer for a position requiring direct service to patrons, I may be subject to a criminal background investigation at any time in accordance with Ohio Revised Code 109.575. I understand that I will not be paid for my services as a volunteer and I expect no compensation.

Applicant's Signature: _____ Date: _____

My son or daughter has my permission to volunteer at the Greene County Public Library.

Parent/Guardians Signature: _____ Date: _____
(Required if applicant is under 18)

Please return this application to a location of the Greene County Public Library system:

- Beavercreek Community Library, 3618 Dayton-Xenia Rd., Beavercreek, OH 45432 (937) 352-4001*
- Cedarville Community Library, 20 S. Miller St., Cedarville, OH 45314 (937) 352-4006*
- Fairborn Community Library, 1 East Main St., Fairborn, OH 45324 (937) 878-9383*
- Jamestown Community Library, 86 Seaman Dr., Jamestown, OH 45335 (937) 352-4005*
- Winters-Bellbrook Community Library, 57 Franklin St., Bellbrook, OH 45305 (937) 352-4004*
- Xenia Community Library, 76 East Market St., Xenia, OH 45385 (937) 352-4000*
- Yellow Springs Community Library, 415 Xenia Ave., Yellow Springs, OH 45387 (937) 352-4003*

Library Use Only:

Interview date: _____

References check: _____

Placement: _____

Branch: _____

Orientation date: _____

Training date: _____

Start date: _____

Supervisor: _____

Application Received Date: _____