

KOKOMO-HOWARD COUNTY PUBLIC LIBRARY

VOLUNTEER APPLICATION

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The Library will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

Directions: Complete each section on both sides. Please fill out clearly. If you are age 14-17, a parent or guardian's signature is required.

Date: _____

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

Street Address: _____

City/State: _____ Zip: _____

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

Employment History: Start with most recent job first.

1. Employer: _____ Start/End Dates: _____

Job Title and Duties: _____

Supervisor: _____ Phone: () _____

2. Employer: _____ Start/End Dates: _____

Job Title and Duties: _____

Supervisor: _____ Phone: () _____

3. Employer: _____ Start/End Dates: _____

Job Title and Duties: _____

Supervisor: _____ Phone: () _____

4. Employer: _____ Start/End Dates: _____

Job Title and Duties: _____

Supervisor: _____ Phone: () _____

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Volunteer History: Start with most recent job first.

1. Location: _____ Start/End Dates: _____

Duties: _____

Supervisor: _____ Phone: () _____

2. Location: _____ Start/ End Dates: _____

Duties: _____

Supervisor: _____ Phone: () _____

Computer skills: _____

Additional interests and skills that might be useful: _____

References: Please list three references (no family members):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Have you been convicted of or pled guilty to a felony? (conviction or plea will not necessarily disqualify an applicant.) Yes No If Yes, explain: _____

Please indicate your preference for work location (mark any that apply):

Main Library South Branch Russiaville Branch Genealogy

Homebound Delivery Friends Any

Please fill in hours when you would be available for volunteer service:

	Morning	Afternoon	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

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Signatures:

I understand that this information may be disclosed to any party with legal and proper interest, and I release the Library from any liability whatsoever for supplying such information. I grant the Library permission to obtain information from references that I have provided. I certify that the statements in this application are true and correct and have been given voluntarily. I understand that misrepresentation of any information may result in termination of my volunteer involvement.

I understand that I will not be paid for my services as a volunteer and I expect no compensation.

I understand that I will not be covered by Worker's Compensation and if I use my own car while performing volunteer duties, I am responsible for my own insurance. By signing this application, I release the Kokomo-Howard County Public Library from any liability in this regard.

Applicant's Signature

Date

Applicant's Name

Applicant's Name

Parent or Guardian's Signature

(Required if applicant is under 18.)

Date

Approved to work in: _____

Supervisor's Signature

Date