



## EAST BRUNSWICK PUBLIC LIBRARY APPLICATION FOR VOLUNTEER SERVICE

Submit to Administration Office

*Thank you for your interest in volunteering at the East Brunswick Public Library.*

Your interest is important to us. Your application will be reviewed in a timely manner. Please indicate what work you would most prefer. If there are any available volunteer opportunities that match your interests, you will be called to schedule an interview. If there are no volunteer positions currently available in the work preference you chose, you will be informed of this by email.

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### MOTIVATION

Personal satisfaction  
Seeking employment  
Skill development  
Required ( \_\_\_\_\_ hours)

### REFERRAL SOURCE

\_\_\_ EBTV  
\_\_\_ A library publication  
\_\_\_ A library staff member  
\_\_\_ A friend or relative  
\_\_\_ Walk-in  
\_\_\_ Other  
Name of source (if applicable): \_\_\_\_\_

### WORK PREFERENCE

\_\_\_ Adopt-a-Shelf (shelf reading)  
\_\_\_ Special projects  
\_\_\_ Other \_\_\_\_\_

### EDUCATION AND TRAINING

\_\_\_ High School  
\_\_\_ College  
\_\_\_ Graduate Study  
\_\_\_ Other (list) \_\_\_\_\_  
\_\_\_ Specialized (specify) \_\_\_\_\_

*Continued on reverse*

**VOLUNTEER EXPERIENCE:**

ORGANIZATION	POSITION(S) HELD/FIELD OF ACTIVITY	DATES

**EMPLOYMENT HISTORY:**

POSITION(S) HELD	EMPLOYER	LENGTH OF SERVICE

**REFERENCES:**

NAME	PHONE/EMAIL	NUMBER OF YEARS KNOWN

Are you above the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, you must fill out a Background Check consent form and complete your background check prior to volunteering at the East Brunswick Public Library.*

Are you above the age of 17? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, and if you have a Driver's License, you must provide a copy of the Driver's License to the East Brunswick Public Library's administration prior to volunteering at the East Brunswick Public Library.*

Special skills, abilities and interests: \_\_\_\_\_

Limitations, if any: \_\_\_\_\_

Days and hours available: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_  
Name Address Telephone

Daniel's Law Compliance: Is any member of your immediate family an active or retired judge, a law enforcement officer, or a prosecutor? Circle or highlight: (Yes) or (No).

I acknowledge that, if arrested or convicted of a crime, I am required to report the arrest and/or conviction within 72 hours of my knowledge of the arrest and/or conviction. Circle or highlight: (Yes) or (No).

Date \_\_\_\_\_ Signature \_\_\_\_\_

Additional information you would like us to know \_\_\_\_\_

For office use only:

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