Public Library of Johnston County and Smithfield
Volunteer Application

Name (Please print):	**Date:**
(Last Name) (First Name) (M.I.)	
Parental Contact (if under 18):	
(Name)	*(Phone Number)*
Address:	**City:**
State:	**Zip Code:**
Home Phone:	**Cell Phone:**
Email Address:	
Emergency Contact:	
(Name)	*(Phone Number)*

Please review the description of volunteer assignments and list all tasks in which you are interested:
How many hours per week are you available to volunteer:
Please circle days and list the times available: **Monday Tuesday Wednesday Thursday Friday Saturday**
List past volunteer experience (if any):
Have you ever been convicted of a crime excluding traffic offense: Yes No
If yes, please explain:

Please list two references:

Reference 1:		
(First and Last Name)		*(Relationship)*
Address:		**City:**
State:	**Zip Code:**	**Contact Phone Number:**

Reference 2:		
(First and Last Name)		*(Relationship)*
Address:		**City:**
State:	**Zip Code:**	**Contact Phone Number:**

Thank you for your interest in volunteering at PLJCS. Information contained in this form will be used to match your interests and abilities with any available library volunteer opportunities. PLJCS offers volunteer positions for ages 16 and older and student intern positions for those in high school needing to acquire hours to fulfill school or civic group requirements. Because everyone working in the library has close contact with children of all ages, all library volunteers may be required to pass a background check using the information provided below. The information you provide in this application will be kept strictly confidential. If this application is not completely filled out, you may not be considered for volunteer service with PLJCS.

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that misrepresentation of any information may result in termination of any volunteer services. I also acknowledge that PLJCS retains the right to terminate my volunteer involvement at any time at the discretion of the director or his/her

I am volunteering my time for personal reasons. I understand that I will not be paid for any services as a volunteer and expect no compensation. I understand that if I apply for any paid positions that may become available in the future, I will be considered for the position under the same conditions as all other applicants.

Applicant's signature: **Date:**

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For applicants age 18 and younger, a parental signature is required to volunteer:

My son or daughter has my permission to serve the library as a volunteer or as a student intern. I understand that he/she volunteers at the library based on the needs of the library and the guidelines within the PLJCS Volunteer Policy. I certify that he/she will be able to fulfill the work schedule that will be discussed and agreed upon in advance of his/her being offered a volunteer position.

Parent/Guardian signature: **Date:**

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Volunteer Name:						
Volunteer Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (9-12)						
Early Afternoon (12-3)						
Late Afternoon (3-5:30)						