Jamestown Public Library Volunteer Application



Please print or type.

The application must be fully completed.

Personal Information										
Name										
Address			City	City		State		Zip		
Phone Number			Email Addres	Email Address						
Mobile Number			Preferred me	Preferred method of communication:						
Have you ever been convicted of a felony? Yes \(\subseteq \ No \(\subseteq \)										
Shift Availability										
From	Monday	Tuesday	Wednesday	Thursda	ay	Friday	Saturo	day	Sunday	
To										
Reason for Volunteering										
		'es/No	Number	Number of hours needed		Date hours must be completed				
Fun										
School										
Court Ordered Community Service	e									
1										
Interests										
Front Desk		Patron Comput	er Assistance	Assistance Other:						
Shelving		nventory Scan	ning	g 🗆						
Story Time		Ousting/Cleanir	ng [
						Conti	nued	on N	Next Page →	

Disclaimer

Signature

- Thank you for your interest in volunteering at the library. Your application will be processed in the order it was received.
- Depending on your availability and the available volunteer opportunities, we will contact you to schedule training (if necessary) and volunteer hours.
- New circulation volunteers will be required to complete a three hour training session with a library staff member.
- School and community service volunteers will be limited to one volunteer shift a week.
- Library staff do not keep track of each volunteer's completed hours; this is the responsibility of the volunteer. Upon completion of service, the library will provide a letterhead statement of hours completed.

Name (Please Print)	Emergency Contact
Signature	Date
For Minors Only	
TOT WITTO'S OTTY	
Date of Birth and Age	
Parent/Guardian Phone Number	
Perent/Cuardian Signature	