



SHAKER HEIGHTS PUBLIC LIBRARY

16500 Van Aken Boulevard Shaker Heights, Ohio 44120 216-991-2030

Volunteer Application

(PLEASE PRINT)

Date _____

Name _____

Address _____

City _____ Zip _____

Phone Number (_____) _____

Education _____

EMPLOYMENT EXPERIENCE

Date: From _____ to _____

Position held _____

Duties _____

Date: From _____ to _____

Position held _____

Duties _____

Previous or current volunteer activity _____

Special Skills/Interests _____

In a brief paragraph, please describe why you are interested in volunteering for the Shaker Heights Public Library.

VOLUNTEER INTERESTS

How many hours per week would you like to volunteer? _____

What days and times are you available to volunteer?

Please check all that apply: _____ Weekdays _____ Weekends

_____ Morning (9:00 a.m. – noon)

_____ Afternoon (noon – 5:00 p.m.)

_____ Evening (5:00 p.m. – 9:00 p.m.)

Date Available _____

What length of time are you willing to commit to the Library?

- Six months
- One year
- Other _____

What type of volunteer work interests you? _____

REFERENCES

List two non-family references

1. Name _____
Address _____
City _____ State _____ Zip _____
Phone Number (_____) _____ Relationship _____
How long you have known this person? _____

2. Name _____
Address _____
City _____ State _____ Zip _____
Phone Number (_____) _____ Relationship _____
How long you have known this person? _____

DECLARATION OF APPLICANT

My signature below authorizes the Shaker Heights Public Library to contact any agency, company, or individual it deems appropriate to investigate my employment history, character and qualifications and authorizes release of information in connection with my volunteer application. This investigation may include, but not be limited to, such information as criminal or civil convictions, driving records, previous employers and educational sources. I waive my right of access to any such information, and without limitation hereby release the Shaker Heights Public Library and the reference source from any liability in connection with its release or use.

Furthermore, I hereby affirm that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements, answers to questions and any attachments hereto. I am aware that should an investigation disclose any misrepresentation, omission, or falsification, I may be disqualified or dismissed from the volunteer program. In the event that I am selected as a volunteer by the Shaker Heights Public Library, I agree to comply with all of its orders, rules and regulations. I also understand that my status as a volunteer is at the discretion of the Library and may be terminated by myself or by the Library at any time for any reason at all, with or without prior notice.

Signature

Date