

**Glen Rock Public Library
Application for Volunteer Service**

Date _____

Thank you for your interest in volunteering at Glen Rock Library! Please fill out the following information to help us learn more about you.

Name: _____

Address: _____

Home Phone: _____ **Parent/Cell phone** _____

E-mail address _____

Best times to reach you: _____

Kind(s) of work you would like to do (circle any that interest you):

Working with children

Working with library patrons

Working with books

Working with technology

Other (please explain):

Your special interests and skills:

How comfortable are you using a computer? Not very comfortable Very comfortable

Age group you would like to work with: Children Teens Adults Senior Citizens

Days and times you are able to volunteer:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Would you prefer to volunteer (please circle one):

On a regular schedule

for a one-time project

summer volunteer only

List/summarize your previous work and/or volunteer experience:

References: Please list two people we can contact.

Reference #1

Name: _____

Phone: _____

Address: _____

Reference #2

Name: _____

Phone: _____

Address: _____

If you are under 18 years old, please fill out the following:

Age: _____ **Grade:** _____ **School:** _____

Emergency Contact/Phone: _____

Criminal History Information:

Some volunteer positions at Glen Rock Library require criminal history information. Please complete the following questions. We will notify you if we need further information.

Have you ever been convicted for a violation other than a minor traffic offense? Yes No

Answering “yes” does not disqualify you from all volunteer positions.)

If so, please state the date and nature of the offense.

I hereby certify that the information on the above application is true and complete to the best of my knowledge. My signature authorizes the Library to verify any of the information on this application and to secure information from former employers or personal references.

Signature: _____ Date: _____

Please return to Glen Rock Library, 315 Rock Road, Glen Rock, and NJ 07842, 201-670-3970

Thank you! We reserve the right to limit the number of volunteers on the basis of openings, ability to train, and suitability for the particular position open.