

New Brunswick Free Public Library: Application to Volunteer (Please type or print clearly in ink)

Name _____ Social Sec. # _____

Address, City, State, and Zip _____

Daytime Tel. _____ Mobile _____

Email _____ What is the best way to reach you? Email Text Phone

Birth Date (if under 18) _____ Do you have any physical limitations that preclude performing certain kinds of activities? _____

	Name and Location	Dates Attended	Course of Study /Degree Earned	Last Year Completed	Grad. (Y/ N)
High School				1 2 3 4	
College				1 2 3 4	
Grad. Sch.					
Other					

Employment History (Attach additional information, if necessary, cover last five years). Most recent first.*

Employer, Address, & Telephone Number	Dates	Describe Duties & List Immediate Supervisor	Reason for Leaving

If presently employed, may we inquire of your present employer? Yes ___ No ___.

Is this volunteer work a program or requirement of another institution or agency? Yes ___ No ___. If so, specify agency and contact information _____

Other training, experiences, language abilities, computer qualifications, and skills _____

References: Name, Address, and Telephone Numbers. List three (non-related).

1. _____
2. _____
3. _____

* Include job-related military service. You may exclude any organizations that indicate race, color, religion, gender, national origin, disability, or other protected status.

Additional Comments: _____

I certify that the information set forth in this application is true and complete to the best of my knowledge.

Date _____ Signature _____

Date _____ Parents/Guardian's Signature if Under 18 _____

Liability Release

To Whom It May Concern:

As an applicant to volunteer with the New Brunswick Free Public Library, I understand that a thorough background investigation may be conducted. I hereby authorize the custodian of any information related to my previous employment, driving record, education, residence, criminal convictions, credit standing, or character, to release said information to the person or agency identified herein, unless restricted by law. This authorization is made voluntarily, for the purpose of volunteering. Upon receipt of this document, please release information directly related to the categories shown, and to which you have direct knowledge or documented evidence. I agree to hold harmless any individual or agency involved with the authorized release of legitimate information. Thank you for your cooperation.

Signed: _____

Parents/Guardian's Signature if Under 18: _____

Full Name (print or type) _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Social Security Number _____ Drivers License #, State of Issue _____

Please mark an X in the boxes to indicate what hours you **will be able** to volunteer:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
10-11 am							
11-Noon							
Noon-1 pm							
1-2 pm							
2-3 pm							
3-4 pm							
4-5 pm							
5-6 pm							
6-7 pm							
7-8 pm							
8-9 pm							