



VOLUNTEER APPLICATION

Working alongside our staff, volunteers transform a building of “stuff” into a dynamic place to discover, create and engage with the community. Whether you are caring for materials, pulling holds, shelving, or cleaning, you are constantly improving our library to make it better than it was yesterday. You give us space to grow and welcome new ideas, people, and opportunities.

Personal Information

Name _____ Nickname _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Birthdate ____/____/____

Email _____ Gender _____

Emergency Contact

Name _____ Phone _____ Relationship _____

Interests, Skills, and Availability

The Library has a variety of volunteer opportunities. Our Volunteer Coordinator will meet with you to determine which opportunity will be the right fit for your interests, skills, and availability in consideration of the Library’s current needs.

Please summarize any special skills, talents, or hobbies you might have, including language skills:

Please indicate what hours you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I am looking for volunteer opportunities that are: *(check all that apply)*

- Weekly Summer only School year only Other

Volunteer/Work Experience

Please summarize your previous volunteer/work experience (where, when, what you did).

Describe your favorite volunteer/work experience. Why was it your favorite?

If you are currently employed, the name of your employer: _____

Volunteer Goals

How did you learn about our volunteer program? _____

Why do you want to volunteer at the Johnston Public Library? _____

Are you volunteering to fulfill a requirement for a class or school program? Yes No

Are you volunteering to fulfill a legal community service requirement? Yes No

Background and Reference Check

It is the policy of the Johnston Public Library to provide a safe environment, both in our facilities and in our outreach programs. Therefore, we require background and reference checks on all adult volunteer applicants. A separate background check form will be provided. Please list two references (*for example: co-workers, supervisors, teachers, neighbors, coaches*).

Name	Phone	Email	Relationship

Agreement and Signature

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the City of Johnston from any liability for supplying such information.

I understand that the City of Johnston reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.

I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

I authorize the Johnston Public Library to contact my references and authorize these references to provide the Library with information regarding my work/volunteer history, education, or character.

I understand, as a volunteer, that I must abide by the Library's rules and regulations.

Signature _____ Date _____

Parent/Guardian Signature (*if under 18*) _____ Date _____

Completed forms can be sent to the Volunteer Coordinator at:

Johnston Public Library
Attn: Molly Guerra
6700 Merle Hay Road
Johnston, IA 50131

OR
guerra@johnstonlibrary.com