



Wells County Public Library

Main Library • 200 West Washington Street • Bluffton, IN 46714-1954

260-824-1612 • 260-824-3129 (Fax) • www.wellscolibrary.org

Volunteer Application:

The Wells County Public Library offers a variety of volunteer opportunities, including helping at special events or volunteering weekly at one of our branches. Volunteers are a very important component of our workforce and help us provide the best service possible to the community.

Depending on the need of the library, volunteers help with anything from organizing books, cleaning books, sorting DVDs, answering computer questions, working on the library scrapbook, and more.

We want the experience to benefit both the volunteers and our staff. For this reason, we ask that anyone volunteering commit to an agreed upon schedule and give reasonable notice if they are unable to report to work. Regularly-scheduled library volunteers must be at least 15 years of age and those helping with special events must be at least 13 years of age (or accompanied by an adult).

If you are interested in volunteering at the library, please fill out this volunteer application. After your application is reviewed, the volunteer coordinator will contact you to inform you of an upcoming training session or schedule an interview to determine if you'd be a good fit as a volunteer in our library and the best volunteer job for your qualifications and interests.

If you have any questions, please contact Emily Marshall at 260-824-1612 or

emarshall@wellscolibrary.org

NAME: _____

PHONE: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____

CONTACT PERSON AND PHONE: _____

(In case of an emergency)

1. Why are you interested in volunteering at the Wells County Public Library?

2. List past work experience (including volunteer work). Highlight any experiences which you feel might be applicable to library work.

3. We use volunteers in several areas of the library. Please let us know your interest level of helping with the following activities. *Put a 1 beside your first choice, 2 beside your second choice, and so on...*

- | | |
|----------------------------------|--------------------------------------|
| ___ Organizing books/shelves | ___ Cleaning & sorting DVDs/CDs |
| ___ Selecting books for displays | ___ Cleaning toys, computers, books |
| ___ Indexing articles/genealogy | ___ Answering phones |
| ___ Assisting with programs | ___ Leading a program |
| ___ Folding/mailing newsletters | ___ Working on the library scrapbook |
| ___ Other: _____ | |

4. Please check any of the following skills or special knowledge that you have which might be beneficial to the library. *Check all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Good alphabetic & numeric skills | <input type="checkbox"/> Enjoy working with people |
| <input type="checkbox"/> Computer experience | <input type="checkbox"/> Detail oriented |
| <input type="checkbox"/> Knowledge of current books | <input type="checkbox"/> Organized/neat |
| <input type="checkbox"/> Scrapbooking skills | <input type="checkbox"/> Other: _____ |

5. Would you prefer to have a regular work schedule or work on special projects within a more flexible time frame?

6. When would you be available to work? *Check all that apply.*

	Mon	Tue	Wed	Thu	Fri	Sat
Morning:						
Afternoon:						
Evening:						

7. How many hours per week/month would you like to volunteer at the library?

8. Are you under the age of 18? YES NO
(If yes, you need to have a parent or guardian fill out the separate
“Parental/Guardian Consent Form for Minor Volunteers”)

BACKGROUND INFORMATION:

Have you been convicted or pled guilty to a felony or misdemeanor, other than a minor traffic violation?

YES NO

If yes, please explain (*a conviction record will not necessarily be cause for disqualification*):

REFERENCES:

1. NAME: _____

RELATIONSHIP: _____

PHONE: _____

EMAIL: _____

2. NAME: _____

RELATIONSHIP: _____

PHONE: _____

EMAIL: _____

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application may result in termination of my volunteer involvement with the Wells County Public Library. I authorize the verification of all pertinent information, including checking references and performing a criminal background check. I understand that I am volunteering my time and will not be paid or compensated for my services as a volunteer.

Applicant Signature: _____ **Date:** _____

Please return completed application to the Main Library or Ossian Branch
or mail to: Volunteer Coordinator, Wells County Public Library,
200 West Washington, Bluffton, IN 46714