

# Oak Ridge Public Library Volunteer Application



## Contact Information (please PRINT)

Name	
Street Address	
City, ST and ZIP Code	
Primary Phone #	Secondary Phone #
E-Mail Address	
Library Card #	2 4444

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings

## Interests

Tell us in which areas you are interested in volunteering.

### APPLICANTS BETWEEN THE AGES OF 13 – 15

Children's Room

*This position is for weekdays only. Sample duties: shelve materials, shift and/or straighten shelves*

### APPLICANTS 16 YEARS OF AGE OR OLDER

Circulation Department

*This position is for weekdays, evenings, or weekends. Sample duties: shelve books, check and shelve AV materials*

Oak Ridge Room

*This position is for weekdays only. Sample duties: index materials, assist with digital and/or local history projects*

Read-Around-the-Room Program

*This position is for weekdays, evenings, or weekends. Sample duties: keeping shelves tidy and in order*

Technical Services

*This position is for weekdays only. Sample duties: process new books or AV materials for public use*

## Motivation

Personal Satisfaction       Seeking Employment       Skill Development       Required

Organization \_\_\_\_\_ # of hours required \_\_\_\_\_ Deadline for completion \_\_\_\_\_

## Education Level

Middle School       High School       College       Graduate       Other

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

\_\_\_ Filing/Alphabetizing \_\_\_ Dewy Decimal System \_\_\_ Computer \_\_\_ Other \_\_\_\_\_

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### Previous Work Experience

Company	Position Held	Date(s)
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### Previous Volunteer Experience

Summarize your previous volunteer experience.

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### Person to Notify in Case of Emergency

Name	
Primary Phone #	
Secondary Phone #	

### Agreement and Signature

The information on this application is true and complete.

I understand that if I am accepted as a volunteer I am expected to abide by the volunteer policy.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your interest in the Oak Ridge Public Library.

### For Office Use Only:

Contact Made \_\_\_\_\_ Status \_\_\_\_\_ Entered into database \_\_\_\_\_

Added to Schedule \_\_\_\_\_ Active Date \_\_\_\_\_ Inactive Date \_\_\_\_\_