



APPLICATION FOR VOLUNTEER SERVICE

Application Date _____

Please READ this ENTIRE application.

Name _____ **PRINT CLEARLY**

Home Address _____

Daytime Phone _____ After 5:00 (evening) Phone _____

Fill in the next line if you are 18 years old or younger – ADULTS must provide clearances (see attached)

Date of Birth : _____ **& Age** _____ **years old** << (Must be **minimum of 14** years old to volunteer)

Employment (Current Employer, if applicable)

Position/Title _____ Dates of Employment _____

Company/Employer _____

Address _____

Emergency Contact: Name: _____ (relationship) _____

Phone Number: _____

The Exeter Community Library is currently processing those applications with a minimum of **24** service hours to be worked over a period of time. Applications must be **turned in a minimum of 4 months before** a required service end date.

If hours are to fulfill a requirement, how many are needed: _____ **Reason:** _____

If hours are required, by what date do they need to be fulfilled? _____

If hours are required, name & title of person to whom the hours will be reported: _____

(Be sure to provide proper forms or paperwork on which completed hours will be reported)

PLEASE PLACE AN "X" IN ALL TIMES YOU ARE **AVAILABLE** IN THE CHART BELOW.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10am-12pm	CLOSED					
12pm-2pm	CLOSED					
2pm-4pm						
4pm-6pm						
6pm-8pm				5pm CLOSED	5pm CLOSED	5pm CLOSED
6pm-8pm				CLOSED	CLOSED	CLOSED

Special training, skills, hobbies:

Groups, clubs, organizational membership:

Please describe your prior volunteer experience (include organization names and dates of service)

Why do you want to volunteer? [What do you want to gain from this volunteer experience?]

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.]

Conviction of a crime is not an automatic disqualification for volunteer work. Adults still need to provide Clearances as indicated on the

front of this application. Include type of activity resulting in Court mandated community service, i.e. DUI, Retail Theft:

NO YES _____

Please list two (2) **Adult** References, one **personal** and one **professional**:

NAME: _____ PHONE NUMBER: _____ RELATIONSHIP: _____

NAME: _____ PHONE NUMBER: _____ RELATIONSHIP: _____

NOTE: This is an application only. It is neither a commitment to, nor promise of, a volunteer opportunity.

Exeter Community Library does not discriminate, regardless of age, race, religion, gender, or sexual orientation.

The Library receives many applications. We will contact you as soon as possible if there is an opening.

We strive to give everyone the volunteer opportunity they need/want in a timely manner. We ask for your patience.

FOR OFFICE USE ONLY:

APPLICATION RECEIVED: _____ DATE CALLED: _____ INTERVIEW: _____

REFERENCE CALLS: _____

NOT APPROVED: REASON: _____

APPROVED: START DATE: _____ END DATE: _____ TIMESLOT: _____

INITIALS: _____