



Ashtabula County District Library Volunteer Application

I would like to Volunteer at the: ☐ **Ashtabula Library** (4335 Park Avenue) ☐ **Geneva Library** (860 Sherman Street)

Today's Date: _____ **PLEASE PRINT**

Volunteer's Name: _____

Address: _____ City/State/Zip: _____
(No P.O. Box)

Cell Number: _____ Home Number: _____ *Date of Birth: _____
(Month / Year)

*(Volunteer aged 13-17, the *Teen Volunteer Agreement* must be completed and returned with this application.)

Email _____

Physical Limitations: (if any) _____

Emergency Contact: Name _____ Phone _____ Relationship _____

Interests, Skills, and Availability: The Library has a variety of volunteer opportunities available.

I am interested in volunteering in the following areas: *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Circulation Aide | <input type="checkbox"/> Outdoor Tasks |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Preparing Library Materials for Delivery System |
| <input type="checkbox"/> Event Photography | <input type="checkbox"/> Program Aide |
| <input type="checkbox"/> Genealogy/Local History | <input type="checkbox"/> Public Computer Assistant |
| <input type="checkbox"/> Housekeeping Tasks | <input type="checkbox"/> Summer Reading Program |
| <input type="checkbox"/> Library Outreach | <input type="checkbox"/> Friends of the Library (Ashtabula or Geneva) |
| <input type="checkbox"/> Materials Maintenance | <input type="checkbox"/> ACDL Foundation |

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

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

☐ Weekly ☐ Monthly ☐ Event based ☐ Project based ☐ Summer only ☐ School year only

Why Would You Like to Volunteer? *(check all that apply)*

☐ To get Class/Volunteer Services Hours

Total Number of Hours Needed: _____

Hours Need Completed By: _____

(MM/DD/YY)

School: _____ Grade _____

☐ To fulfill Court-Directed Community Service

Total Number of Hours Needed: _____

Hours Need Completed By: _____

(MM/DD/YY)

(Please attach Court ordered Service Hours paperwork with Case #)

☐ To serve my community ☐ To learn more about libraries

☐ Other _____

MUST SIGN BACK

I have read and certify that all the information provided is true and complete to the best of my knowledge. I understand, as a volunteer, that I must abide by the Library's rules and regulations. I understand that appointment to a volunteer position is contingent upon the completion of a background check. I understand that I am required to disclose any previous convictions and/or pending charges. I further understand that any omission or falsification of this information is grounds for termination as a volunteer. I agree not to hold the Ashtabula County District Library or its employees responsible for any accidents or mishaps. If I should become seriously ill or injured, I authorize the library to arrange for any immediate emergency medical care needed.

Signature

Date

This form must be completed and returned in person to any public service desk of the Ashtabula or Geneva Public Libraries. Some volunteer opportunities may require training. The Library *cannot* guarantee all requested hours. Applications are always accepted and will be kept on file for one year.

Do you have an Ashtabula County District Library card? Yes or No (circle one)

ASHTABULA PUBLIC LIBRARY 4335 Park Avenue Ashtabula, OH 44004 (440) 997-9341/Fax (440) 992-7714 www.acdl.info	GENEVA PUBLIC LIBRARY 860 Sherman Street Geneva, OH 44041 (440) 466-4521/Fax (440) 466-0162 www.acdl.info	COUNTY BOOKMOBILE 860 Sherman Street Geneva, OH 44041 Call (440) 466-4521 For Schedule www.acdl.info
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LIBRARY USE ONLY:

Application received	Date:
Background check completed	Date: Internal BCI/FBI
Volunteer contacted	Date:
Orientation completed / Handbook received	Date: Date:
Start date	
Completion date	
Total hours completed	
Department assigned (<i>circle all that apply</i>)	Administration Geneva Library Bookmobile Marketing Conklin Desk Technical Services Front Desk Technology Genealogy/Local History Youth Services
Service letter prepared (<i>circle all that apply</i>) Teen Court Community Service	Date: Preparer's initials:

Notes/Comments: