



Ashtabula County District Library
Volunteer Application
 (To Volunteer at any ACDL Library)



I would like to Volunteer at the: **Ashtabula Library** (335 W. 44th St.) **Geneva Library** (860 Sherman St.)

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

Volunteer's Name: _____ **Male Female**

Address: _____ **City:** _____
 (No P.O. Box)

Phone Number: _____ **Are you at least 18 years old? Yes No**
If no, date of birth: _____

STUDENTS: I am in _____ th grade and attend _____

Physical Limitations: _____

Work Experience or Skills: _____

Interests: _____

Times Available To Volunteer:
 _____ AM
 _____ PM

Why Would You Like To Volunteer?
(Check As Many As Apply)

To Get Class Credit
 To Serve My Community
 To Learn More About Libraries
 To Fulfill Court/Community Service Requirements for _____ hours
 Needs completed by _____ (date)
 Other: _____

- VOLUNTEER OPPORTUNITIES** *(Check As Many As Interested In)*
- Ashtabula County District Library Foundation** - Serve on the board, help raise funds, and assist with programs.
 - Circulation Aide** - Assist behind the scenes with tasks such as shelving and withdrawing materials, locating materials on shelves, shelf reading, cleaning and dusting.
 - Friends of the Ashtabula or Geneva Libraries** - Assist with book sales, fundraising and programming.
 - Outdoor tasks in summer**
 - Partners in Reading** - Trained volunteers visit elementary schools to enhance students' reading skills. Training provided through the library.
 - Program Aide** - Assist professional library staff present programs & story hours for children and adults. Can lead book discussion groups.
 - Public Computer Assistant** - Help train the public on various computer functions/applications. Prior computer experience is required.
 - Public Relations** - Assist with the library's newsletter by gathering stories and library news, printing and folding.
 - Summer Reading Program** - Grade 6 and up can assist Children's Services Department with the SRP by reading, assisting with crafts, and more.
 - Library Outreach** - Assist Homebound Services every 5 weeks with delivery and pick up of library materials.

THANK YOU FOR YOUR INTEREST! Volunteer positions at our Libraries may be limited. Applications are always accepted and will be kept on file for six months. If there is an opening the Volunteer Coordinator will contact you.

Signature _____

Date _____

This form must be completed and returned in person to any library staff member of the Ashtabula or Geneva Public Libraries. Some volunteer programs may require training. The Library cannot guarantee all requested hours.

STUDENTS: Parent/Guardian must complete other side.

PARENTAL PERMISSION SLIP
FOR VOLUNTEERS UNDER 18 YEARS OF AGE

Parent/Guardian's Full Name: _____

Phone: _____ (Home) _____ (Work)

In the event of an emergency, please list two adults, usually relatives, whom we can contact.

Name: _____ Relationship: _____

Phone: _____ (Home) _____ (Work)

Name: _____ Relationship: _____

Phone: _____ (Home) _____ (Work)

School student attends: _____ Grade Level: _____

Please provide any additional information about your teen that may be helpful (allergies, medications, or medical conditions):

I have read all the attached information and give permission for my teen to volunteer at the Ashtabula County District Library's () Ashtabula Library () Geneva Library. I agree not to hold the Ashtabula County District Library or its employees responsible for any accidents or mishaps that may involve my teen. If my teen should become seriously ill or injured I authorize you to arrange for any emergency medical care needed. In the event of such emergencies, and all reasonable attempts to contact me (parent/guardian) at the above phone number(s) have been made, I hereby give my permission for emergency medical treatment deemed necessary by a licensed physician or dentist and the transfer to the nearest hospital. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. It is understood that I (parent/guardian) will be responsible for expenses incurred in the event of such treatment.

Signature

Date

This form must be completed and returned in person to any library staff member of the Ashtabula or Geneva Public Libraries. Some volunteer programs may require training. The Library cannot guarantee all requested hours.

LIBRARY USE ONLY:

Application Received: _____ Initials: _____ Volunteer Contacted: _____ Initials: _____ Note: _____ Volunteer or Community Service: Court School Other _____ # hours required _____ # hours completed _____ Department Assigned: ADM AS BKM GNLGY GPL PR REF TS YS Start Date: _____ Completion Date: _____	Staff Notes:
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ASHTABULA PUBLIC LIBRARY 335 West 44 th Street 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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