

# Volunteer Application

Full name: ..... Are you under 18?  Yes  No If yes, age: .....

Street address: .....

City: ..... Zip: .....

Phone: ..... Email: .....

## Availability

Please indicate days and times you are available to volunteer.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

**I want to work with:**  Preschool students  Elementary students  Middle school students  
 High school students  Adults  Staff

**Volunteer skills:**  Art/Crafts  Computer  Data Entry  
 Filing/Sorting  Fundraising  Homework Help  
 Gardening  Music  Music Production  
 Office/Clerical  Photography  Reading Out Loud  
 Teaching  Other \_\_\_\_\_

**Please summarize any previous relevant library or volunteer experience you have:** .....

.....

.....

**What branch are you interested in volunteering at?**  Lee Road  Coventry Village  
 Noble Neighborhood  University Heights

## Education

Highest level of education completed: ..... School: .....

Course of study: ..... Current student?  Yes  No

**Are you applying for this position to fulfill a community service requirement?**  Yes  No

Organization: .....

Number of hours needed: ..... By date: .....

Please note, the library **does not** offer court-ordered community service.

**Have you ever been convicted of a crime?**

Yes (if yes, please explain below)

No

.....  
.....

*A conviction record will not necessarily prevent volunteer opportunity. The offense and how recently you were convicted will be evaluated in relation to the volunteer opportunity for which you are applying.*

**Person to notify in case of an emergency.**

Full name: .....

Relationship to volunteer: ..... Phone: .....

**Permission from a parent/guardian is required for youth under the age of 18.**

Printed name of parent/guardian: .....

Signature of parent/guardian: ..... Date: .....

**Agreement and Signature**

I affirm that all statements made in my volunteer application are true and correct to the best of my knowledge. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by myself may result in my immediate dismissal.

I understand that Cleveland Heights-University Heights Public Library has the right to evaluate all applicants and will not accept a volunteer that would jeopardize the materials and services of the library or the safety of the library staff and patrons.

I understand that as a Cleveland Heights-University Heights Public Library volunteer I may come into contact with confidential information. I agree to protect this information in compliance with Ohio Revised Code Section 149.432 and will not divulge any information during or after my services as a volunteer.

I understand that there is no salary or other compensation for my services as a volunteer.

I agree to abide by all of the library's policies and procedures.

I agree to undergo a background check (if volunteer is 18 or older).

**My signature authorizes Cleveland Heights-University Heights Public Library to verify any information on this application and to secure information from personal references.**

**I authorize persons, previous employers, and organizations named in this application to provide Cleveland Heights-University Heights Public Library with any information relevant to my volunteer application at the library.**

**I release such persons from any liability regarding the use of this information.**

Signature of applicant: ..... Date: .....

*Return completed applications to:  
Communications Coordinator  
2345 Lee Road, Cleveland Heights  
(216) 932-3600 x. 1250  
Fax: (216) 932-0932*

*communicationscoordinator@heightslibrary.org*