

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:

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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 Manager
2345 Lee Road, Cleveland Heights
(216) 932-3600 x. 1277
Fax: (216) 932-0932
sbanks@heightslibrary.org*