

Maywood Public Library, Maywood NJ

Adult Volunteer Application

Thank you for your interest in volunteer service for the Maywood Public Library System. Information contained in this form will be used to match your abilities with available library volunteer opportunities and will be kept confidential.

*Because everyone working in a Library environment has contact with children of all ages, all Library Volunteer applicants are **required to pass a background check** conducted through the **Borough of Maywood**. The information you provide in this application will be kept confidential and used to conduct the background check.*

Library Volunteer Service Eligibility: Library volunteers must be at least 18 years old, and have an approved background check as mentioned above.

Please collect your Background Check Application copy from Ratna or Front Desk.

Please fill out **Background Check Application** and bring that with you to Paramus office to have fingerprinting done.

Submit this Application to Library Director or find application on library website, save as your document, complete, save again and **Email to Maywcirc@bccls.org** or mail at **Maywood Public Library 459, Maywood Avenue, Maywood, NJ 07607**

Application Date _____

Name _____

Home Address _____

Work Phone _____ Home Phone _____

EMERGENCY CONTACT INFORMATION (REQUIRED):

Name _____ Relationship: _____

Phone(s): _____

Education

Highest Level of Education _____

Employment Current Employer, if applicable

Position/Title _____

Dates of Employment (starting, ending) _____

Company/Employer _____

Address _____

Would you like us to keep your employer abreast of your volunteer service and achievement?

Yes No N/A

Special training, skills, hobbies _____

Groups, clubs, organizational membership's _____

Have you volunteered for the Public Library? Yes No

If yes, list the dates worked and the locations(s) _____

What experiences have you had that may prepare you to work as a volunteer?

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.

Do you have: a driver's license? Yes No

References: (Not related)

Name: _____ Phone: _____ E-mail: _____

Name: _____ Phone: _____ E-mail: _____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Maywood Public Library that is true, correct and complete to the best of my knowledge. I understand that information contained on my application will be verified by Maywood Public Library. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Maywood Public Library or my termination as a volunteer.

Volunteer work may involve heavy lifting, repetitive motions, bending, stretching. Are you able to handle the physical requirements? Yes No

Signature _____ Date _____

Maywood Public Library provides equal access to volunteer opportunities without regard to race, color, creed, religion, age, gender, disability, marital status, sexual orientation, public assistance or national origin.

By signing this Authorization Form, I, hereby voluntarily authorize MAYWOOD PUBLIC LIBRARY to obtain background information when making a decision in regard to my application for volunteer services. I hereby release my personal information to MAYWOOD PUBLIC LIBRARY their VOLUNTEER CO-ORDINATOR, DIRECTOR from any liability resulting from a background screen.

NAME: (PRINT) _____

ADDRESS: (PRINT) _____

CITY (PRINT) _____

STATE: _____ **ZIP CODE:** _____

SOCIAL SECURITY NUMBER – All nine (9) digits: _____

DRIVER'S LICENSE NUMBER: _____

COMPLETE DATE OF BIRTH: mm/dd/yyyy _____

SIGNATURE: _____

TODAY' S DATE: _____

NOTE: The Library would not accept incomplete volunteer application for community service.