

Daviess County Public Library Volunteer Application

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail Address _____ Best time to call you _____

Age Group: Under 18 _____ 18-21 _____ 21-59 _____ 60+ _____

If under 18 years old, please fill out the following:

Age _____ Grade _____ School _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Do you have any limitations that would keep you from performing certain tasks?

What days and times are you available to volunteer? _____

How often would you like to volunteer?

Regularly Scheduled _____ One-time project _____ Summer only _____

On-call _____

Which of the volunteer opportunities listed below are you interested in working?
(Check all that apply.)

_____ Cleaning of Materials

_____ Shelf books

_____ Homebound Delivery

_____ Work at special events

_____ General clerical duties

_____ Sort material

_____ Process material

Do you speak or understand a language other than English, and would you assist a non-English-speaking customer?

Yes No Language _____

Do you know sign language, and would you assist a hard of hearing customer?

Yes No

If you are volunteering for credit for a school, business or organization, or if you are volunteering on behalf of an organization, what is the name of the organization?

Have you been convicted of a felony or a misdemeanor other than a minor traffic violation? (Conviction of a crime is not necessarily a bar to volunteering; all circumstances will be considered.)

Yes No

If you have been convicted, please explain. _____

Mission Statement

The Daviess County Public Library provides residents the means to pursue lifelong learning; to meet their recreational reading interests; to find, evaluate and use information in a variety of formats; to get answers to their questions; and to better understand their personal and community heritage.

By submitting this application, I certify that I support the mission of the Daviess County Public Library.

Printed Name _____ **Date** _____

Signature _____

Liability and Confidentiality Waiver

I, _____, do hereby agree to indemnify and hold harmless the Daviess County Public Library from any and all claims or causes of action that may arise out of performance of my assigned duties. I waive any right of action I have against the Daviess County Public Library in consideration of my participation as a volunteer for the library.

I also understand that in my capacity as a library volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

Printed Name _____ **Date** _____

Signature _____

Additional Comments

I hereby certify that the information on the above application is true and complete to the best of my knowledge. My signature authorizes the Daviess County Public Library to verify any information on this application and to secure information needed to complete a criminal background check.

Signature _____ **Date** _____

**Return to: Daviess County Public Library
2020 Frederica St.
Owensboro, Ky. 42301**