

Ashtabula County District Library Volunteer Application



I would like to Volunteer at the:	Ashtabula Library (Ashtabula Library (4335 Park Avenue)		Geneva Library (860 Sherman Street)		
Today's Date:	PLEASE PRINT					
Volunteer's Name:	-'s Name:					
Address:		City/State/Zip:				
(No P.O. Box)		_				
Cell Number:	Home Num	Home Number:		* Date of Birth:		
*(If under 18, the Teen Library V	Volunteer Agreemen	must be signed and retu	(Month / Year) rned with this application.		
Email						
Physical Limitations: (if any)						
Emergency Contact: Name		Phone	Rela	tionship		
Interests, Skills, and Availability	y: The Library has a variety	of volunteer opp	ortunities available.			
I am interested in volunteering in	the following areas: (check	all that apply)				
Ashtabula County Distric	t Library Foundation	oundation Partners in Reading				
Circulation Aide		Preparing Crafts for	Preparing Crafts for Children's Programs			
Clerical			Program Aide	Program Aide		
Friends of the Library	prary Programm					
Genealogy/Local History	7	Public Computer Assistant				
Housekeeping Tasks				Public Relations Office Helper		
Library Outreach			Shipping Interlibrary Loan Materials			
Materials Maintenance			Summer Events			
Outdoor Tasks						
Please summarize any special skil		night have, includi	ng language skills:			
Monday Tuesda		Thursday	Friday	Saturday		
I am looking for volunteer opport			Summer only	School year only		
Why Would You Like to Volunt To get Class/Volunteer Serv Total Number of Hours Needed Hours Need Completed By:(M	To fulfill Court-Directed Community Service Total Number of Hours Needed: Hours Need Completed By: (MM/DD/YY)					
School:	Grade	Nature of Offense:				
To serve my community	To learn m	nore about librarie	S			
Other						

I have read and certify that all the information provided is true and complete to the best of my knowledge. I understand, as a volunteer, that I must abide by the Library's rules and regulations. I understand that appointment to a volunteer position is contingent upon the completion of a background check. I understand that I am required to disclose any previous convictions and/or pending charges. I agree not to hold the Ashtabula County District Library or its employees responsible for any accidents or mishaps. If I should become seriously ill or injured, I authorize the library to arrange for any immediate emergency medical care needed.

Signature

Date

This form must be completed and returned in person to any staff member of the Ashtabula or Geneva Public Libraries. Some volunteer opportunities may require training. The Library *cannot* guarantee all requested hours. Applications are always accepted and will be kept on file for one year.

Do you have an Ashtabula County District Library card? Yes or No (circle one)

ASHTABULA PUBLIC LIBRARY	GENEVA PUBLIC LIBRARY	COUNTY BOOKMOBILE	
4335 Park Avenue	860 Sherman Street	860 Sherman Street	
Ashtabula, OH 44004	Geneva, OH 44041	Geneva, OH 44041	
(440) 997-9341/Fax (440) 992-7714	(440) 466-4521/Fax (440) 466-0162	Call (440) 466-4521 For Schedule	
www.acdl.info	www.acdl.info	www.acdl.info	

LIBRARY USE ONLY:					
Application received	Date:				
Background check completed	Date:	Internal	BCI/FBI		
Volunteer contacted	Date:				
Orientation completed / Handbook received	Date:	Date:			
Start date					
Completion date					
Total hours completed					
Department assigned (circle all that apply)	Administration	Pul	blic Relations		
	Adult Services	Re	ference Services		
	Bookmobile	Te	chnical Services		
	Genealogy	Teo	chnology		
	Geneva Library	Yo	uth Services		
Service letter prepared (circle all that apply)	Date:	Preparer's in	nitials:		
Teen Court Community Service					

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