

Volunteer Application

Lawrenceburg Public Library District



Lawrenceburg Public Library
150 Mary St. Lawrenceburg, IN 47025

and

North Dearborn Branch Library
29569 Dole Rd., West Harrison, IN 47060

Volunteers may assist library staff in numerous ways to provide quality service. All volunteers are processed through the Friends of the Lawrenceburg Public Library District organization. If you are at least 18 years of age the Lawrenceburg Public Library District welcomes your interest in the Volunteer Program. (The Youth Services Department has a volunteer program for those under the age of 18 which is processed through the Youth Services Manager)

Please complete this form and return it to the Circulation Desk at either library building or mail to Volunteer Coordinator
Lawrenceburg Public Library District
150 Mary St. Lawrenceburg, IN 47025.

NAME: _____

ADDRESS: (Street) _____

(City) _____ ZIP _____

HOME PHONE: _____ WORK PHONE _____

E-Mail _____

Date of Birth _____ or Social Security Number _____

Have you ever been convicted of a crime? _____ Yes _____ No

Please explain: _____

Please list previous volunteer experience with References:

Organization _____

Contact Person _____

Duties: _____

Organization _____

Contact Person _____

Duties: _____

PLEASE WRITE A FEW WORDS ABOUT WHY YOU WOULD LIKE TO PARTICIPATE IN THE VOLUNTEER PROGRAM.:

Check any of the following tasks that you would be willing to perform. Please indicate a strong preference with an asterisk.

- Shelf read Books (making certain that the books are on the shelf correctly)
- Assist with Children's Programs
- Clerical Aid
- Computer Tutor
- Genealogy Aid (Main Library only)
- Check DVD's
- Provide refreshments for Programs
- Displays
- Deliver books to the homebound or to senior housing
- Deliver posters & flyers promoting Library events
- Water Flowers
- Seasonal Decorating
- Book Sale

DAYS & TIMES AVAILABLE:

Total number of hours preferred: per week _____ or per month _____

Number of hours preferred in a single day _____

Best day and time to volunteer _____

PLEASE CHECK LIBRARY LOCATION PREFERRED:

Lawrenceburg Public Library _____

North Dearborn Branch Library _____

LIMITATIONS (IF ANY)

APPLICANT'S SIGNATURE: _____ **Date** _____