



# VOLUNTEER APPLICATION

*Please print and complete this volunteer application and return via mail to Headquarters-Ocala Public Library, 2720 E. Silver Springs Blvd., Ocala, FL 34470; via fax to 352-368-4545; or in person at any of our nine public library locations.*

## APPLICANT INFORMATION

LEVEL II BACKGROUND

PLEASE PRINT

Name:		
Address:		
City:	State:	Zip code:
Day phone:	Evening phone:	
Email:	Are you 14 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## AVAILABILITY

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time of Day		Morning:	Afternoon:		Evening:	

## AREA OF INTEREST

Circulation		Administration		Info. Services		Children's		Young Adults	
Outreach Events		Special Events		Computer Lab		Technical Services		Variety	

## LIBRARY LOCATION OF INTEREST

Headquarters		Bellevue		Dunnellon		Forest		Freedom	
Fort McCoy		Marion Oaks		Reddick		Sankofa			

## EXPERIENCE

High School:	Vocational School:	Computer:
College:	Library Experience:	Arts & Crafts:
Other:		

## EMERGENCY INFORMATION OR PARENT/GUARDIAN IF APPLICANT IS A MINOR

Name:		
Address:		
City:	State:	Zip code:
Day phone:	Evening phone:	
Email:		

**Agreement: If applicant is a minor, please have parent/guardian review and sign in addition to the applicant. Minor applications will not be processed without both signatures.**

We appreciate your willingness to volunteer your services to assist its patrons and the community. By signing this form you are acknowledging that your services for the library are gratuitous and are intended as a contribution and, as such, you will be entitled to no compensation or any fringe benefits or other employment rights applicable to the employees of the library or Marion County. It is expressly understood that you are not an employee or agent of the library and that we will provide you with necessary information and guidance to perform your volunteer services. For any reason whatsoever, either you or the library may terminate this volunteer agreement. While on library premises you agree to abide by all of the rules of conduct governing the staff and employees of the library while performing your services. These rules will be discussed with you at the time of your personal interview with a volunteer liaison.

Applicant signature:	Date:
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Parent/guardian signature: (if applicant is a minor)	Date:
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**OFFICIAL USE ONLY:**

*Liaisons, please complete the following and send this form to the Volunteer Program Coordinator's office.*

<i>Interview Notes</i>					
Date:		Time:			
Dress code			Break times		
Schedules and time sheets			Work site training		
Telephone and cell phone use			Orientation and ID badges		
Patron questions and visitors			Transfers and resigning		
Safety			Background check		

<i>Contact Information</i>		
<b>1<sup>st</sup> call</b>	Date:	Time:
<b>2<sup>nd</sup> call</b>	Date:	Time:
<b>3<sup>rd</sup> call</b>	Date:	Time:
<b>Interview scheduled:</b>		
<b>*Note*</b>		
Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting and will be used solely for those purposes.		

Liaison initials:		Coordinator's initials:	
Accepted	Rejected	Date sent to HR:	
Is the applicant volunteering for a specific program? If so which one:			