KENT COUNTY PUBLIC LIBRARY

VOLUNTEER APPLICATION

Date of Application: _____

NAME _____ Please contact me by:

EMAIL _____ ☐ email

PHONE _____ ☐ phone

ADDRESS _____

I am ☐ **Over 18** ☐ **Under 18** If under 18, what is your age? _____

What time commitment can you make to volunteering?

- ☐ **Regular Weekly Schedule** – I'm available every week on the same day/time.
- ☐ **As Needed & Available** – In addition to a regular schedule, I'm interested in special events or projects.
- ☐ **Service-Learning Workshop (Ages 14-17)** – I'm interested in volunteering at a scheduled workshop.

If you are interested in a regular weekly schedule, please list your preferred days and times.

1st Choice _____

2nd Choice _____

3rd Choice _____

What types of volunteer duties are you willing and able to do? Please check all that apply.

- ☐ **Shelving & Shelf reading**– return items to the correct places on the shelves, locate items that are out of order, etc. If checked, which collections interest you? ☐ **Children** ☐**Teen** ☐ **Adult**
- ☐ **Physical work** – set up tables & chairs, move books/boxes, etc.
- ☐ **Cleaning** – sanitize toys, dust shelves, clean book covers, etc.
- ☐ **Program prep work** – cut out items for crafts, hang fliers, etc.
- ☐ **Program support** – assist with facilitating programs, oversee a program craft, etc. If checked, which ages interest you? ☐ **Children** ☐ **Teen** ☐ **Adult**
- ☐ **Special events** – help with projects/crafts, help set up for programs, etc.
- ☐ **Other** – special projects, occasional needs, etc.

Where would you like to volunteer? ☐ Chestertown ☐ North County (Galena) ☐ Rock Hall

Why do you want to volunteer at KCPL?

Please describe any recent experience volunteering for other organizations or working in a paid position. Include the name of the organization and a brief description of your duties.

Please describe any specialized skills or interests and how they could be used as a KCPL volunteer.

Is there anything else you'd like to tell us about why you'd be an excellent volunteer?

In order for your application to be processed, please read and sign below.

All statements made in this application are true and I give KCPL permission to investigate any information provided. I understand that any false statements, omissions, or misrepresentations on this application could result in refusal of placement or immediate dismissal at any time during the period of my placement.

I understand that a background check may be required as part of the volunteer application process and am willing to provide additional information if required.

I have read KCPL's Volunteer Policy and understand the scope of the volunteer position.

Applicant Signature _____ Date: _____

If the applicant is under 18, a parent or guardian must complete the following section.

☐ I acknowledge that I have read KCPL's Volunteer Policy.

☐ I acknowledge that I have read the volunteer position description.

☐ I give permission for my child to fulfill the duties of the position while volunteering at KCPL.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature _____ Date: _____

STAFF USE ONLY			
Application	Date Received:	Reviewed By:	
Background Check	Required? ☐ **yes** ☐ **no**	Date Initiated:	Date Completed:
Volunteer	Approved? ☐ **yes** ☐ **no**		