



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 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.

**What time commitment can you make to volunteering?**

- Regular Weekly Schedule** - I'm available every week on the same day/time.
- As Needed & Available** - Please contact me when help is needed for special events or projects.

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

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

**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.**

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

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

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**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.

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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.

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Parent/Guardian Printed Name

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Parent/Guardian Signature Date

<b>STAFF USE ONLY</b>			
Application	Date Received _____	Reviewed By _____	
Background Check	Required? <input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>	Date Initiated _____	Date Completed _____
Volunteer	Approved? <input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>		