



VOLUNTEER APPLICATION

| | | |
|----------------|---------|----------|
| NAME | | DATE |
| ADDRESS | | |
| CITY | STATE | ZIP CODE |
| PHONE 1 | PHONE 2 | |
| E-MAIL ADDRESS | | |

CIRCLE THE DAYS+TIMES YOU ARE AVAILABLE, X-OUT ANY DAYS+TIMES YOU ARE NOT AVAILABLE

| | | | | | | | |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---|
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY | AM = 9AM-12 PM = 12-4PM EVE = 4-7PM |
| AM PM EVE | AM PM EVE | AM PM EVE | AM PM EVE | AM PM EVE | AM PM EVE | AM PM EVE | |

WHICH LOCATIONS DO YOU PREFER? (CHECK ALL THAT APPLY)

- Main Library 715 Market Avenue N
- DeHoff Memorial 216 Hartford Avenue SE
- East Canton 224 North Wood Street
- Jackson Township 7487 Fulton Drive NW
- Lake Community 11955 Market Avenue N
- Madge Youtz 2921 Mahoning Road NE
- North Branch 189 25th Street NW
- Perry Sippo 5710 12th Street NW
- Plain Community 1803 Schneider Street NE
- Sandy Valley 9754 Cleveland Avenue SE

WHAT DO YOU LIKE TO DO?

| | |
|--|--|
| AREAS OF INTEREST: | ACTIVITIES: |
| <input type="checkbox"/> Senior Citizens | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Young Adults/Teen | <input type="checkbox"/> Little Theatre |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Homework Help |
| <input type="checkbox"/> Children | <input type="checkbox"/> Teen Advisory |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Library Support |
| <input type="checkbox"/> Community | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Staff Only | <input type="checkbox"/> Other: |

WHAT IS YOUR CURRENT STATUS?

CIRCLE MONTHS YOU ARE AVAILABLE: 1 2 3 4 5 6
7 8 9 10 11 12

- RETIRED UNEMPLOYED WORKING - Employer: _____
- UNDER AGE 18 STUDENT - Age: _____ Grade: _____ School: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

- NO YES - If yes, explain:

PARENT or GUARDIAN PERMISSION FOR VOLUNTEERS UNDER 18

By signing and returning this application, you are providing your consent and permission for your child to volunteer with the Stark County District Library. Volunteers are unpaid and training will be provided by library staff members. Your child will be assigned specific duties appropriate to age and abilities.

| | |
|---------------------------|------|
| PARENT/GUARDIAN SIGNATURE | DATE |
|---------------------------|------|

IN CASE OF EMERGENCY CONTACT:

| | |
|-------|--------------|
| NAME | |
| PHONE | RELATIONSHIP |

Return to: SCDL Attn: Human Resources, 715 Market Ave N, Canton, OH 44702 - FAX (330) 455-9596

PREVIOUS VOLUNTEER EXPERIENCE

| | | |
|----------------------|-----------|---------|
| ORGANIZATION | FROM DATE | TO DATE |
| CONTACT NAME & TITLE | PHONE | |
| TYPE OF WORK | | |

MOST RECENT WORK EXPERIENCE

| | | |
|-----------------------|-----------|---------|
| COMPANY | FROM DATE | TO DATE |
| CONTACT NAME & TITLE | PHONE | |
| POSITION TITLE/DUTIES | | |

PERSONAL REFERENCES (please do not include family members)

| | | |
|-------------------|--|-------|
| NAME | KNOWN HOW LONG? | PHONE |
| ADDRESS or E-MAIL | <input type="checkbox"/> friend <input type="checkbox"/> co-worker <input type="checkbox"/> other: | |
| NAME | KNOWN HOW LONG? | PHONE |
| ADDRESS or E-MAIL | <input type="checkbox"/> friend <input type="checkbox"/> co-worker <input type="checkbox"/> other: | |

LIBRARY FAMILIARITY

Have you worked or volunteered previously for any library? NO YES *

Do you currently know anyone at the Stark County District Library? NO YES *

* If you answered 'YES' to either question above, please tell us where/how/who:

I voluntarily give to the Stark County District Library the right to make a thorough investigation of my past employment and other related activities. I agree to cooperate in such investigations and background checks, and do hereby release from all liability or responsibility all persons, companies, organizations, or companies supplying such information to the library or its assignees.

I hereby certify that the information on the above application is true to the best of my knowledge.

VOLUNTEER APPLICANT SIGNATURE

DATE

CONFIDENTIAL

Providing us with the information below is completely voluntary and is used to assist with reporting required by the government. The information, if given, is recorded only for this purpose and is NOT considered during the application process. Thank you.

- | | |
|--------------------------------------|--|
| SEX: | RACE / ETHNICITY: |
| Female <input type="checkbox"/> | <input type="checkbox"/> White |
| Male <input type="checkbox"/> | <input type="checkbox"/> Hispanic or Latino |
| Undisclosed <input type="checkbox"/> | <input type="checkbox"/> Black or African American |
| | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| MILITARY: | <input type="checkbox"/> Asian |
| Non-Veteran <input type="checkbox"/> | <input type="checkbox"/> American Indian or Alaska Native |
| Veteran <input type="checkbox"/> | <input type="checkbox"/> Two or More Races |
| Undisclosed <input type="checkbox"/> | <input type="checkbox"/> Undisclosed |