



HUDSON LIBRARY
& HISTORICAL SOCIETY

Volunteer Application

In order to be considered for volunteer service, please fully complete this application. Thank you.

Name: _____ Date: _____

Address: _____

Home phone: _____ Cell: _____ Email: _____

I prefer to be contacted at: home ___ cell ___ email ___ no preference ___

Emergency contact: _____
(name/phone/relationship to you)

Employment history: please tell us about your most recent paid positions, if applicable:

Employer	Dates of Employment	Description of your Duties

Volunteer history: please tell us about your volunteer experiences, if applicable:

Organization	Dates Volunteered	Description of your Duties

Education (highest grade completed): _____

Are you applying for a specific volunteer position? *If so, which one?* _____

Do you need community service hours? Yes ___ No ___

If yes, for: college ___ workplace ___ court-ordered ___ other (explain) _____

If yes, how many hours do you need? _____ *By what date?* _____

Are you applying for a short-term volunteer position? *If so, what dates are you available?*

Why are you interested in volunteering with the Library?

Areas of Interest (select all that apply). Please note: not all areas are available at all times:

<input type="checkbox"/>	Sorting and shelving library materials	<input type="checkbox"/>	InterLibrary Loan – unpacking/sorting items
<input type="checkbox"/>	Gardening / landscaping	<input type="checkbox"/>	Assisting patrons with basic computer skills
<input type="checkbox"/>	Light cleaning	<input type="checkbox"/>	Friends of the Library Book Store assistant
<input type="checkbox"/>	Assembling library marketing materials	<input type="checkbox"/>	
<input type="checkbox"/>	Archives assistant	<input type="checkbox"/>	Other (please list):
<input type="checkbox"/>	Digital Family History Center assistant	<input type="checkbox"/>	
<input type="checkbox"/>	Genealogy	<input type="checkbox"/>	

I prefer to work: in public ___ **behind the scenes** ___ **either** ___

I prefer to work: alone ___ **with a group** ___ **either** ___

Times available to work

Mon. _____ Tues. _____ Wed. _____
 Thurs. _____ Fri. _____ Sat. _____
 Sun. _____

Hours preferred per week: 1-2 ___ **3-4** ___ **4-6** ___ **less frequent than weekly** ___
 Depending on assignment and workload, we ask for at least a 2-4 hour per week commitment.

I prefer to volunteer: on a regular schedule ___ **as-needed / occasionally** ___ **both** ___

I certify that all statements made in my volunteer application are true and correct to the best of my knowledge. I give the Hudson Library and Historical Society permission to verify all information contained in this application as may be necessary.

I understand that there is no salary or other compensation for my services as a volunteer. I understand that tasks will be assigned on the basis of library needs and requirements and that if I do not complete the tasks to library standards, my assignment may be terminated at any time.

I agree to read, sign and adhere to the Volunteer Code of Conduct.

Signature: _____ Date: _____

Parental Permission

If you are under 16 please have a parent/legal guardian sign the following permission form:

I (*Print*) _____ parent/legal guardian, grant permission
 for (*print*) _____ to volunteer at the Hudson Library and
 Historical Society.

Parent/Legal Guardian Signature: _____ Date: _____

*Please return your completed application to the circulation desk for:
 Loren Brunemann, Volunteer Coordinator
 Hudson Library and Historical Society
 96 Library Street
 Hudson, Ohio 44236
 loren.brunemann@hudson.lib.oh.us
 330-653-6658 ex. 1042*