

Pickerington Public Library Student Volunteer Application

Students must be at least 14 years of age to volunteer at the library. If you meet that age qualification, please complete both sides of the application and then contact the library's volunteer coordinator, Colleen Pospishil, at 614-837-4104 or by email cpospishil@pickeringtonlibrary.org to set up an interview. Please bring the completed application to the interview. We would appreciate you printing your responses.

Date _____

Name _____

Address _____

City, State, Zip Code _____

Home Telephone _____

Cell Phone _____

E-mail Address _____

Gender _____ Female _____ Male

Highest level of education completed:

- _____ 8th grade
- _____ 9th grade
- _____ 10th grade
- _____ 12th grade
- _____ Some college

Are you seeking this volunteer opportunity in order to fulfill a requirement to complete community volunteer hours?

_____ No

_____ Yes

If yes, please answer the following questions:

What organization is requiring the volunteer hours? _____

How many hours do you need to complete? _____

What is the deadline (date) for you to complete the requirement? _____

Why did you select the library as a location you would like to volunteer?

Have you ever been convicted of a felony or misdemeanor? _____ No _____ Yes
If you answered yes, please explain the nature of the offense, date of the conviction and location (city and state) of the offense. Do not include traffic violations. Convictions will not necessarily disqualify you from volunteering.

Do you have any health limitations? _____ No _____ Yes
If you answered yes, please provide a brief explanation. It is important that we assure that your volunteer assignment does not require any activity that could be detrimental to your health.

In case of a medical emergency, my emergency contact person is:

Name _____

Relationship to me _____

Primary phone _____ Alternate phone _____

I acknowledge that all the information provided is truthful and that I am applying to volunteer my time and skills to Pickerington Public Library and will not expect monetary remuneration in return for my services.

Signature _____

Parent or Legal Guardian's Signature giving approval that you can volunteer:

Signature _____ Date _____

For Office Use Only:

Interview date _____

Orientation date _____