Donate Your Time and Talent Helping the Library

Acquire New Skills

Serve Your Community

Share Your Skills & Interests

Work as Part of a Team

SEYMOUR LIBRARY
303 West 2nd Street
Seymour, IN 47274
(812) 522-3412

CROATHERSVILLE LIBRARY
120 East Main Street
Crothersville, IN 47229
(812) 793-2927

MEDORA LIBRARY
27 West Main Street
Medora, IN 47260
(812) 966-2278

Volunteer Information and Application

www.myjclibrary.org

Jackson County Public Library
www.myjclibrary.org
Library volunteers
- We welcome adults and children who are 13 years or older.
- Applicants must agree to background checks.
- The number of volunteers accepted is based on need and supervisory time available.

How to volunteer
Visit the Checkout Desk or www.myjclibrary.org to review the volunteer positions and job descriptions. Fill out and return this form to the Checkout Desk. We will contact you.

Volunteer positions
(please check the position(s) interested)
- Children’s Program Assistant
- Genealogy Digital Archive
- Genealogy/Local History Records
- Kidz Cleaning
- Mending
- Outreach Services/Homebound Delivery
- Summer Learning Program
- Technical Services
- Other:

Name ___________________________________________ First ___________________________ Middle Initial ___________________________

Address __________________________________________________________

City/State/Zip ___________________________________________________________________________

Phone ___________________________ / ___________________________ Email ___________________________

Home Cell

How did you find out about volunteering at the library: _______________________________________________________

Number of hours available per week:__________ Library location:______________________________ (please circle one)

Education: Current School __________________________ Highest Grade Completed 7 8 9 10 11 12 College

Current or most recent employer:__________________________________________________________

Company Occupation/Title

Previous experience, skills or interest that would be helpful when working at the library:

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

References: Please list two references in the space below (no family members):

Name _____________________________________ Address ___________________________________ Phone__________________

Name _____________________________________ Address ___________________________________ Phone__________________

I certify the information is true and correct. I understand that this information may be disclosed to any party with legal and proper interest. I grant permission to obtain information from references which I have provided. I understand I may be subject to a criminal background check as a condition of application for the Jackson County Public Library.

Applicant’s Signature ___________________________________________ Date ________________

FOR APPLICANTS UNDER AGE 18: Parent/guardian permission

I ___________________________ give my son/daughter permission to volunteer at the Jackson County Public Library.

Parent/Guardian Signature: ___________________________ Date __________________________