Donate Your Time and Talent Helping the Library

Acquire New Skills

Serve Your Community

Share Your Skills

& Interests

Workas Parti of a Team

### SEYMOUR LIBRARY

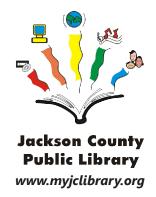
303 West 2nd Street Seymour, IN 47274 (812) 522-3412

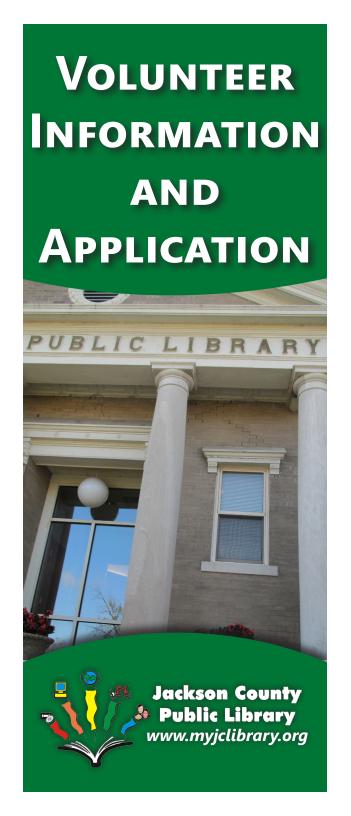
# CROTHERSVILLE LIBRARY

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

## **MEDORA LIBRARY**

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





#### **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 <a href="https://www.myjclibrary.org/volunteer-opportunities/">https://www.myjclibrary.org/volunteer-opportunities/</a>

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)		
Genealogy		
☐ Kidz Cleaning		
Summer Learning Program		
Special Events		
☐ Technical Services		
Other:		

To volunteer for the Friends of the Library, see their brochure.

Name			
Last	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 pe	er week: Library location:		
Education: Current School	pl Highest Grade Completed 7	lease circle one) 8 9 10 11 12 College	
Current or most recent employer:/			
Company Occupation/Title			
Previous experience, skills or interest that would be helpful when volunteering at the library:			
References: Please list two references in the space below (no family members):			
Name	Address	Phone	
	Address		
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 volunteering for the Jackson County Public Library.			
Applicant's Signature	Da	te	
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:	D	ate	