

***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

CROTHERSVILLE LIBRARY

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

MEDORA LIBRARY

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



**Jackson County
Public Library**
www.myjclibrary.org

VOLUNTEER INFORMATION AND APPLICATION



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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

<https://www.myjclibrary.org/volunteer-opportunities/>

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 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 volunteering 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 volunteering 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 _____		