

**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 W. 2nd St.  
Seymour, IN 47274  
(812) 522-3412

## **CROTHERSVILLE LIBRARY**

120 E. Main St.  
Crothersville, IN 47229  
(812) 793-2927

## **MEDORA LIBRARY**

27 W. Main St.  
Medora, IN 47260  
(812) 966-2278



**Jackson County  
Public Library**  
[myjclibrary.org](http://myjclibrary.org)

# **VOLUNTEER INFORMATION AND APPLICATION**



**Jackson County  
Public Library**  
[myjclibrary.org](http://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)

- ☐ Event Crew
- ☐ Genealogy/Local History
- ☐ Kids Department Cleaning Crew
- ☐ Seed Sorting
- ☐ Technical Services

*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: \_\_\_\_\_

Education: Current School \_\_\_\_\_ Highest Grade Completed 7 8 9 10 11 12 College  
(please circle one)

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 \_\_\_\_\_