

**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



**VOLUNTEER
INFORMATION
AND
APPLICATION**



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 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
- ☐ Kids 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: _____

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 _____