

Red Bank Public Library Volunteer Application

84 West Front Street, Red Bank, NJ 07701 Phone: 732-842-0690 Fax: 732-842-4191 www.redbanklibrary.org

Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone 1: _____

Phone 2: _____

E-Mail Address: _____

Days/Times Available: _____

Interests/Special Skills: *Please note, volunteers who wish to work with children and young adults will be required to go through a background check.*

Signature: _____

Parent/Guardian Signature for Volunteers under age 18: _____

REFERENCES:

Name: _____ Address: _____

Tele. No.: _____

Name: _____ Address: _____

Tele. No.: _____

_____ I need the following accommodation(s) to work as a volunteer: _____

As a volunteer for the Red Bank Public Library, I agree to abide by all applicable rules and regulations of the organization. I understand that I will receive no monetary benefits in return for my volunteer service and that the Library may terminate this agreement at any time without prior notice for any reason. I hereby authorize the Library to check my references, and I understand that a criminal background check may be required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the Volunteer manager and on site orientation to perform my volunteer role.

I hereby Release and Waive liability against the Red Bank Public Library, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for the Library. Further, I agree that the Library is not liable for any damage to my property or my dependent's property resulting from volunteer work for the Library. I agree that this release is as broad and inclusive as permitted by the laws of the State of New Jersey.

Volunteer Signature: _____ **Date:** _____

Staff Use Only				
Job Assignment	Day/Time	Start Date	End Date	Performance

Supervisor Comments _____

Initials: _____