



VOLUNTEER APPLICATION

A COPY OF VALID GOVERNMENT OR SCHOOL ISSUED PHOTO IDENTIFICATION
MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Thank you for your interest in volunteering with the Newark Public Library.

| PLEASE PRINT | | | | |
|---|---|--|---|------------------|
| PERSONAL INFORMATION: | | | | |
| | Last | First | Middle | |
| Street | | Apt. # | City | State, Zip |
| Phone: | Email: | | Application Date: / / | |
| EMERGENCY CONTACT: | | | | |
| EMPLOYMENT: | | | | |
| EDUCATION: | Currently attending school: Yes No | | If yes, what days/hours are you in class? | |
| High School : | | College : | | |
| Date of Graduation: / / Or date GED obtained: / / | | Course of Study: | | |
| LANGUAGES SPOKEN OTHER THAN ENGLISH: | | | | |
| AT WHICH LIBRARY DO YOU WISH TO VOLUNTEER? (Please circle) | | | SKILLS (Please list) | |
| Main Library 5 Washington Street | Branch Brook Branch 235 Clifton Avenue | Clinton Branch 739 Bergen Street | | |
| North End Branch 722 Summer Avenue | Springfield Branch 50 Hayes Street | Vailsburg Branch 75 Alexander Street | | |
| Van Buren Branch 140 Van Buren Street | Weequahic Branch 355 Osbourne Terrace | All branch libraries are closed on Monday & open Saturday from 11am – 3:00pm | | |
| HOW OFTEN ARE YOU AVAILABLE TO VOLUNTEER? {Please specify which hours work best for your schedule} | | | | |
| | | | HOW MANY HOURS PER WEEK _____ | |
| Monday: | Tuesday: | Wednesday: | | |
| Thursday: | Friday : | Saturday: | | |
| DISCLAIMER: | | | | |
| I certify that I am 18 years or older. _____ {Please initial} (If you are younger than 18, you must have a parent sign below and you must be at least 14 years old to volunteer.) | | | | |
| I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release. | | | | |
| Signature: _____ | | | Date: _____ | |
| PARENTAL PERMISSION: | | | | |
| _____ (name of son/daughter) has my permission to volunteer at the Newark Public Library. | | | | |
| Signature of parent/guardian: _____ | | | | |
| FOR OFFICIAL USE ONLY: | | | | |
| DEVELOPMENT | DEVELOPMENT | SUPERVISOR | START | LOCATION |
| RECEIVED: _____ | INTERVIEWED: _____ | INTERVIEWED: _____ | DATE: _____ | ASSIGNMENT _____ |