



VOLUNTEER APPLICATION FORM

Please print clearly and complete both sides of this application. Volunteers must be at least 12 years old. If you are under 18, a parent or guardian's signature is required.

Personal Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City/State: _____ Zip: _____

Phone: (H) _____ (e-mail): _____

Current Employer: _____ Occupation: _____

How did you find out about volunteer opportunities at the library? _____

Education:

Current School: _____

Highest grade completed: _____ Degree(s): _____

Emergency Contact Person:

Name: _____ Phone: _____ Relationship: _____

**Availability
(check all
that apply):**

Morning
Afternoon
Evening

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Location Preference: _____

Belmont – 1041 Watervliet Ave.	_____	Miamisburg – 545 E. Linden Ave.	_____
Brookville – 120 Blue Pride Dr.	_____	New Lebanon – 715 W. Main St.	_____
Burkhardt – 4680 Burkhardt Ave.	_____	Northmont – 333 W. National Rd.	_____
East – 2008 Wyoming St.	_____	Northwest – 2410 Philadelphia Dr.	_____
Electra C. Doren – 701 Troy St.	_____	Outreach Services	_____
Huber Heights – 6160 Chambersburg Rd.	_____	Trotwood – 51 E Main St.	_____
Kettering Moraine – 3496 Far Hills Ave.	_____	Vandalia – 330 S. Dixie Dr.	_____
Madden Hills – 2542 Germantown St.	_____	West Carrollton – 300 E Central Ave.	_____
Main Library – 215 E. Third St.	_____	Westwood – 3207 Hoover Ave.	_____
Miami Township – 2718 Lyons Rd.	_____	Wilmington Stroop – 3980 Wilmington Pike	_____

Interests:

Please check any opportunity that interests you:

- | | | |
|---|--|--|
| <input type="checkbox"/> Advisory Council Member | <input type="checkbox"/> New Facilities Greeter | <input type="checkbox"/> Booksale Helper |
| <input type="checkbox"/> Circuit Maker Kit Helper | <input type="checkbox"/> Computer Helper | <input type="checkbox"/> Computing Maker Kit |
| <input type="checkbox"/> Conversation Partner | <input type="checkbox"/> ETextile Maker Kit Helper | <input type="checkbox"/> Historical Obituary Indexer |
| <input type="checkbox"/> General Library Helper | <input type="checkbox"/> Homebound Delivery Helper | <input type="checkbox"/> Homework Helper |
| <input type="checkbox"/> Kitchen Maker Kit Helper | <input type="checkbox"/> Laser Maker Kit Helper | <input type="checkbox"/> Music Maker Kit Helper |

_____ Photography Maker Kit

_____ Program Helper

_____ Reading Buddies

_____ Seed Lending Library Helper

_____ Stop Motion Maker Kit Helper

_____ Summer Meal Program Helper

_____ Senior Voices Interviewer

_____ Textile Maker Kit Helper

_____ Library Mascot (see mascot applicant info)

For more details about what each opportunity entails, visit: <http://DaytonMetroLibrary.org/about-us/volunteer>

For Mascot Applicants: I HAVE READ THE FOLLOWING AND CERTIFY THAT:

- I meet the physical requirements/limitations of the Mascot costume by being between 5'1" - 5'10" tall and weigh up to 195 pounds
- I am willing to be trained in the Mascot's "signature moves" and follow all other safety guidelines and rules set forth by Dayton Metro Library
- I consider myself outgoing and good with children, friendly and engaging, spirited and enthusiastic
- I feel comfortable with my current physical ability, endurance, and strength to move freely and energetically in the Mascot costume; I have no health or physical issues which would hamper my ability to perform as the Mascot or which might cause performing as the Mascot to be unsafe to my health; I am covered by a personal medical insurance plan
- I have the support of my immediate supervisor (if a staff member), as some appearances may be during working hours

Volunteer Experience:

Have you ever volunteered before? _____ Yes _____ No

If so, where, and what were your tasks?

Skills:

Do you have any special skills that you would like to share at the library?

Do you speak a second language? If so, what language? _____

References:

Please list two references in the space provided (no family members and references must be over age 18):

Name: _____ Email: _____ Daytime Phone: _____ Relationship: _____

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Please sign below when you have read and understood this statement:

The information I have provided is accurate and true to the best of my knowledge. My signature indicates permission for the Dayton Metro Library Volunteer Services Manager to contact my personal references. I understand that the Dayton Metro Library is not obligated to provide a volunteer placement in the organization, nor am I obligated to accept a volunteer position if offered. Further, I understand that in order to volunteer for a position requiring direct service to patrons, I will be required to submit fingerprints to the BCII, and that in accordance with SB 187 may be asked to submit fingerprints at any time.

I am volunteering my time for personal reasons. I understand that I will not be paid for my services as a volunteer and I expect no compensation.

Applicant's Signature: _____

Date: _____

My son or daughter has my permission to volunteer at the Dayton Metro Library.

Parent/Guardians Signature: _____

Date: _____

(Required if applicant is under 18)

Please return this application to a library branch or mail to:

David Hicks, Volunteer Services Manager

Dayton Metro Library, 215 E. Third Street, Dayton, OH 45402

For Questions? Call (937) 496-8638 or Email dhicks@daytonmetrolibrary.org