



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) _____ Email: _____

Current Employer: _____ Occupation: _____

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

Education

Current School: _____ Highest grade completed: _____

Degree(s): _____

Availability (Check All That Apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Location Preference: _____ I would like to serve up to _____ hours.

For more information about locations go to daytonmetrolibrary.org/locations

Opportunities

Please check any opportunity that interests you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Booksale Helper | <input type="checkbox"/> Homebound Delivery Helper | <input type="checkbox"/> Special Event Helper |
| <input type="checkbox"/> Computer Helper | <input type="checkbox"/> Homework Helper | <input type="checkbox"/> Summer Meal Program Helper |
| <input type="checkbox"/> Conversation Partner | <input type="checkbox"/> Jobseekers Helper | <input type="checkbox"/> Teen Advisory Board Member |
| <input type="checkbox"/> General Library Helper | <input type="checkbox"/> Library Mascot <small>(see mascot applicant info)</small> | |
| <input type="checkbox"/> Historical Obituary Indexer | <input type="checkbox"/> New Facilities Greeter | |

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

Mascot Applicant Info

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 training skills, licenses and/or certificates that you would like to share with the Library?

Do you speak a second language? Yes No 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: _____

Name: _____ Email: _____

Daytime Phone: _____ Relationship: _____

Emergency Contact Person

Name: _____ Phone: _____

Relationship: _____

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 BCI&I, 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 volunteer@daytonmetrolibrary.org