



LAUREL COUNTY PUBLIC LIBRARY
STUDENT VOLUNTEER APPLICATION (PART 1)

Student volunteers must be currently enrolled in high school or college. Volunteers must be affiliated with a school or educational program that requires service hours. The minimum age for volunteers is generally 16; others will be approved on a case by case basis. Volunteers must abide by the "Dress Code" and "Employee Conduct" policies for Library employees. Volunteers provide an important service; if you are not able to make a serious commitment to this program, we would prefer you contact us at a later date when you are better able to do so.

There are (3) parts to this form. All must be submitted for your application to be complete.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # (home): _____ (cell): _____

Email Address: _____

Emergency Contact (name): _____ Relationship: _____

Telephone# (home): _____ (cell): _____

Parent/Guardian Email Address: _____

Name of School: _____ Year/Grade: _____

Volunteer Information: How many hours are you required to serve? _____

For what school/educational organization project do you need hours? _____

What days and hours are you available to volunteer? (place an X in the appropriate boxes)

Table with 8 columns (days of the week) and 3 rows (Morning 9-1, Afternoon 1-5, Evening 5-8). The 'Morning 9-1' row has a shaded box under 'Sunday'. The 'Evening 5-8' row has shaded boxes under 'Saturday' and 'Sunday'.

Volunteer Questionnaire

Please answer the following questions honestly. This will help us match our volunteers to programs and tasks for which they would be best suited.

Please check any statements that apply to you:

- | | |
|--|---|
| <input type="checkbox"/> I am creative | <input type="checkbox"/> I have computer skills |
| <input type="checkbox"/> I like to do craft projects | <input type="checkbox"/> I follow directions well |
| <input type="checkbox"/> I am outgoing | <input type="checkbox"/> I have experience taking photos |
| <input type="checkbox"/> I am quiet/shy | <input type="checkbox"/> I pay attention to details |
| <input type="checkbox"/> I am friendly | <input type="checkbox"/> I know my way around the library |
| <input type="checkbox"/> I know how to use the library catalog | <input type="checkbox"/> I like things neat and tidy |
| <input type="checkbox"/> I like to draw/color/paint | <input type="checkbox"/> I need to keep busy all the time |
| <input type="checkbox"/> I get bored easily | <input type="checkbox"/> I like to organize |
| <input type="checkbox"/> I finish everything I start | <input type="checkbox"/> I like to act/perform |

List your volunteer experience or work experience:

Employer/Organization	Hour and Duties

What are your hobbies and special interests? _____

Why do you want to volunteer at the library? Be specific. _____



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STUDENT VOLUNTEER APPLICATION (Part 2)
CONFIDENTIALITY WAIVERS AND PARENTAL CONSENT

Parent/Guardian – For Volunteers under age of 18

I, _____ as parent/guardian of _____ do hereby release and hold harmless the Laurel County Public Library from any and all liability, claims, or causes of action that may arise for any accidents, injuries, or illnesses that may occur to my child from his/her participation in the volunteer program. I also agree that Laurel County Public Library has permission to use my child's photograph or videotaped image in publicity about library activities.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ **Date** _____

Student Volunteer – For ALL Volunteers

I, _____, understand that in my capacity as a Laurel County Public Library volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended. I understand that volunteers will be accepted based on the Library's need, that the Library does not accept volunteers on a drop-in basis, and that a date/time must be agreed upon by both parties. If I am accepted, I understand that it is my responsibility to show up at the scheduled time. Volunteer hours are contingent upon the Library's need and staff availability; this includes regularly scheduled shifts and make-up hours.

Student Printed Name _____

Student Signature _____ **Date** _____



CONFIDENTIAL SCHOOL RECOMMENDATION
FOR STUDENT VOLUNTEER POSITION (Part 3)

Dear Counselor or Teacher:

Each student who applies for volunteer work must have a recommendation from school. We would appreciate your evaluation and comments to help us choose candidates who will best benefit from our program while serving our organization and the recipients of our services. This information will be kept confidential. Please return the completed form to me at the address below at your earliest convenience by mail or by placing in a sealed envelope, signing across the flap, and returning to the student. You may also email me the pertinent information. Thank you for your assistance.

Susan Fawbush
Community Relations Coordinator
Laurel County Public Library
120 College Park Drive
London, KY 40741
Phone: 606-864-5759
sfawbush@laurellibrary.org

CONFIDENTIAL RECOMMENDATION FOR VOLUNTEER

Student's Name: _____ Grade Level _____

School: _____

Please place an X in the appropriate box.

	Excellent	Good	Average	Below Avg.	Poor
Attendance					
Scholastic Record					
Dependability					
Courtesy					
Willingness to Help					
Initiative					

Comments: _____

Teacher/Counselor Printed Name: _____

Teacher/Counselor Signature: _____ Date: _____