



VOLUNTEER APPLICATION FORM

Eckhart Public Library
603 S Jackson Street ♦ Auburn, IN 46706
(260) 925-2414

DIRECTIONS: Complete each section. Please print clearly. If you are 11-17, a parent or guardian's signature is required.

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

Street Address: _____

City/State: _____ ZIP: _____

Phone: (H) _____ (W): _____ (Cell): _____

Month and Day of Birth: ___/___/___ (E-mail): _____

EDUCATION: Highest Level Completed: _____ Areas of Specialty: _____

CURRENT EMPLOYMENT (or most recent if not currently employed):

Are you currently employed? Yes _____ No _____

Employer: _____ Occupation/Title: _____

Duties: _____

EMERGENCY CONTACTS:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

VOLUNTEER EXPERIENCE: Have you had previous volunteer experience? Yes _____ No _____

If so, where and what was your task?

VOLUNTEER INTERESTS:

Do you have any physical limitations which we need to accommodate? _____

REFERENCES: Please list two non-familial references in the space provided below:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

SWORN DISCLOSURE STATEMENT - A conviction record will not necessarily be cause for disqualification.

1. Have you ever been convicted of a crime, other than a traffic violation? Yes No

If yes, please state the offense, date, location, and sentence (a conviction record will not necessarily be cause for disqualification):

2. Have you ever been subject of a founded complaint of child abuse or neglect within or outside the state of Indiana?

Yes No If yes or pending, specify state, or other location: _____

PLEASE SIGN BELOW WHEN YOU HAVE READ AND UNDERSTOOD THIS STATEMENT.

I hereby authorize the verification of all necessary and pertinent information related to this volunteer position, including checking references and criminal background checks, with the understanding that all of this information will be kept confidential by the Eckhart Public Library. I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my selection as a volunteer unfavorably. I understand that any misrepresentation or omission of facts on this application may be cause for non-selection or later dismissal.

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 Eckhart Public Library.

Parent/Guardian's Signature: _____ Date: _____

(Required if applicant is under 18)

FOR LIBRARY USE:

Interview Date _____

Reference Check _____

Start Date _____

Rev. 10/2019



HOLD HARMLESS AGREEMENT

I, (printed name) _____ am a competent adult, (or am authorized to sign on behalf of _____, a minor or person otherwise incompetent) and enter into this agreement knowingly and willingly, with full knowledge of the rights to compensations with I am forfeiting.

I hereby agree to and do hereby **indemnify and hold harmless** THE ECKHART PUBLIC LIBRARY and THE ECKHART PUBLIC LIBRARY BOARD OF TRUSTEES, and assume all responsibility including but not in limitation of personal injury, loss in any form, liability, damages, or fees (including attorney fees and costs), occasioned by, or in any way arising out of, my assistance as a volunteer with the ECKHART PUBLIC LIBRARY, Auburn, Indiana.

I understand that I am volunteering my to time to THE ECKHART PUBLIC LIBRARY, that I am not an employee of THE ECKHART PUBLIC LIBRARY, and that any insurance coverage, or the like, for my well being is my sole responsibility.

Signature: _____ Date _____