



Madison Public Library
 39 Keep St. Madison, NJ 07940
 973-377-0722
www.madisonnjlibrary.org/

Application for Volunteer Service

Name (Print) _____

Address _____ Town _____ Zip _____

Telephone _____ E-mail _____

Education (check) High School _____ College _____ Graduate School _____

Are you under 18 years old? Yes _____ No _____

*[*if you have under 18 years old please fill out a Youth Volunteer Application instead]*

In case of an emergency, please notify:

Name _____ Relationship _____

Address _____

Home phone _____ Cell phone _____ Business phone _____

Doctor's name _____ Doctor's phone _____

Volunteer Experience

Position Held	Organization	Approximate Dates

Employment Experience

Position Held	Employer	Length/date of service

Computer skills (please explain) _____



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Please indicate any foreign language you can speak, read or write _____

References (2 non-household references are required)

Name _____ phone number _____

Name _____ phone number _____

Have you ever been convicted of a crime or offense (other than a traffic violation),
which has not been expunged by the Court? _____yes _____no

If yes, please explain _____

Area of interest (please check):

- Local History & Archives _____
- Shelving Support (putting books back into order) _____
- Computer training _____
- Clerical assistance _____
- Special projects _____
- (Fundraising) Friends of the Library _____
- Gardening/property maintenance _____
- Event support _____
- Reading Partners _____
- Homework Help _____
- Read to a Dog (must have a certified therapy dog) _____

Days available (please circle days & indicate what hours of availability):

- Mon Hours _____
- Tues Hours _____
- Wed Hours _____
- Thurs Hours _____
- Fri Hours _____
- Sat Hours _____
- Sun Hours _____

I certify that the above answers are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any accompanying or required documents) will be cause for denial of volunteer opportunities, regardless of when or how discovered.



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I also authorize the Madison Public Library/Borough of Madison, to investigate all statements and information contained on this application. I release from all liability anyone supplying such information and release the Madison Public Library/Borough of Madison from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on this application by me.

Signature _____ Date _____

For Completion by Library Employee

Interview date _____

References checked _____

Employee's signature _____ Date _____

Approved by the Library Board of Trustees: November 10, 2010