

Muskingum County Library System

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220 North Fifth Street

Zanesville, Ohio 43701

740-453-0391

## **VOLUNTEER APPLICATION**

Name		Date	
Address			
Sity	Zip	Phone#	
are you at least 18 yea	rs old? Yes □ No □		
	ion sponsoring your volunte on and # of hours required p		
fame and phone # of y	our group or organization's	s coordinator or advisor:	
	our group or organization's		
revious volunteer and	/or paid employment exper	ience:	
revious volunteer and	/or paid employment exper	ience:	
revious volunteer and	/or paid employment exper	ience:	

I prefer volunteering: m	orning	_afternoon	even	ing			
On: Mon Tues	Wed	Thurs	Fri	Sat			
Are you a member of the Friends of the Library? Yes □ No, but I would like to know more about becoming a Friend! □							
Why are you interested in volunteering at the library?							
Please list a minimum of three Professional or Personal References (Please do not list relatives)							
Name	Address &	Telephone	Number of	of Years Known			
I hereby declare that the information provided by me in this application for volunteer service is true, correct and complete to the best of my knowledge.							
I authorize you to obtain an investigative report to verify the statements made herein, using information obtained through personal acquaintances, references, a check of criminal convictions and conviction of traffic offenses, or from any other source deemed appropriate.							
I hereby authorize said sources to disclose such records and other information as may be requested.							
Please note: Cost of a background check is \$30.00							
Applicant signature			Date				
Lynn Mercer, Human R or drop off at any MC 740-455-6937 or	Resources, 22 CLS location.	Applications	s may also	be faxed to			

Please do not write in this space. For library use only.