



Muskingum County Library System
220 North Fifth Street
Zanesville, Ohio 43701
740-453-0391

VOLUNTEER APPLICATION

Name_____ Date_____

Address_____

City_____ Zip_____ Phone#_____

Are you at least 18 years old? Yes ☐ No ☐

Is a group or organization sponsoring your volunteer service? If so, please list name of organization and # of hours required per week:

Name and phone # of your group or organization's coordinator or advisor:

Previous volunteer and/or paid employment experience:

Employer	Dates employed (or volunteered)	Duties

Special interests/skills/hobbies:_____

I prefer volunteering: morning _____ afternoon _____ evening _____

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 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

Please return to:

Samantha Maxwell, Human Resources, 220 N. 5th Street, Zanesville, OH 43701 or drop off at any MCLS location. Applications may also be faxed to 740-455-6937 or emailed to samantham@muskingumlibrary.org

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