



**THE  
PUBLIC  
LIBRARY**  
of Cincinnati  
and  
Hamilton County

For Staff Use Only:

General Support     AARP     Com. Service  
 Practicum     Student     Other Group

## Application For Volunteer Service

**The Library does not accept court-ordered Community Service volunteers**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Library Card Number (PLCH only): \_\_\_\_\_

Are you 18 years or older?  Yes     No                      If no, Date of Birth: \_\_\_\_\_

I am seeking this volunteer position: (Check box) to satisfy  School  Class  Scholarship  Community Service requirements or  a Regular Library Volunteer

Name of school: \_\_\_\_\_

School Contact Person: \_\_\_\_\_

Number of hours to complete: \_\_\_\_\_ Deadline for completion: \_\_\_\_\_

Have you ever been convicted of a crime that has not been expunged or pardoned, other than a minor traffic violation?  
 Yes     No

If yes, when and for what offense \_\_\_\_\_  
(A conviction will not necessarily be a bar to volunteering)

**References:** (Not related)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I prefer to work with:

Children     Teens     Adults     Library Staff

Why do you want to volunteer at the Library?

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts:** In case of emergency, notify

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Education:**

	Name of School	Diploma/ Degree Earned	Major/ Subjects Studied
<b>High School</b>			
<b>College</b>			

How did you hear about the library's volunteer opportunities? (Check boxes?)

<input type="checkbox"/> Librarian (who?)	<input type="text"/>	<input type="checkbox"/> Newspaper	<input type="text"/>
<input type="checkbox"/> Friend (who?)	<input type="text"/>	<input type="checkbox"/> Magazine	<input type="text"/>
<input type="checkbox"/> Festival (which one?)	<input type="text"/>	<input type="checkbox"/> Website	<input type="text"/>

As a volunteer, what do you hope to accomplish?

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**Employment History:** Tell us about your last three paid positions.

Employer	Dates of Employment	Description of Your Duties

**Volunteer History:** Tell us about your three most recent volunteer assignments.

Organization	Dates Volunteered	Description of Your Duties

Have you volunteered for the Public Library of Cincinnati and Hamilton County before?  Yes  No

If yes, list the dates worked and the location(s) \_\_\_\_\_

Do you require special accommodations?  Yes  No

If yes, what? \_\_\_\_\_

Volunteer work may involve heavy lifting, repetitive motions, bending, stretching, and other physical stressors. Is this an issue for you?  Yes  No

**The Public Library of Cincinnati and Hamilton County**  
**800 Vine Street**  
**Cincinnati, Ohio 45202-2009**

**As an applicant for volunteer with PLCH, I understand the following:**

- I voluntarily agree to submit to a criminal background check if offered a volunteer position.

I further understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between the Library and me.

Submitting a volunteer application does not guarantee placement or engagement as a library volunteer. Once accepted as a volunteer, an assignment can end at any time at the discretion of the volunteer coordinator.

Qualified volunteer applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, non-job related medical condition or disability.

I authorize PLCH to thoroughly investigate my references, work records, library records, education and other matters related to my suitability for a volunteer position and, further, authorize my current and former employers to disclose to PLCH any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I release PLCH, my current and former employers, and all other persons, corporations, partnership associations from any and all claims, demands or liabilities related in any way to such investigation or disclosure.

I have not knowingly withheld any information that might adversely affect my chances for volunteering and the answers given by me are true and correct to the best of my knowledge. I have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure a volunteer position shall be grounds for rejection of this application.

I grant the library full permission to use my name, any photographs, videos, motion pictures, or recordings obtained through the volunteer program for any publicity and promotional purposes without obligation or liability to me. I acknowledge that there is no salary or other compensation for my services as a volunteer.

I understand that the Public Library of Cincinnati and Hamilton County shall not be responsible for the loss or damage of personal property and possessions of the volunteer.

I agree to abide by and comply with the policies, the safety and health rules and regulations and the rules of conduct of the Public Library of Cincinnati & Hamilton County. I understand that my failure to do so may result in dismissal from the volunteer Program.

My signature below certifies that I have read the above and understand and agree to the terms and conditions outlined.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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If the potential volunteer is 17 or under a parental signature is required below.

Medical Emergencies Involving Minors: In the event that a parent or legal guardian of a minor volunteer cannot be reached in a medical emergency, the Public Library of Cincinnati and Hamilton County is authorized to arrange for emergency medical treatment, the cost of which will be the sole responsibility of the parent or legal guardian.

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Print Name of parent or legal guardian

Signature

Date

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Return completed application to your local branch or mail to:  
Volunteer Services  
Public Library of Cincinnati and Hamilton County  
800 Vine Street Cincinnati, Ohio 45202-2009

E-mail/Call:  
Volunteers@CincinnatiLibrary.org  
513-369-6946