

***Donate Your Time
and Talent Helping
the Library***

Acquire New Skills

***Serve Your
Community***

***Share Your Skills
& Interests***

***Work as Part
of a Team***

SEYMOUR LIBRARY

303 West 2nd Street
Seymour, IN 47274
(812) 522-3412

CROTHERSVILLE LIBRARY

120 East Main Street
Crothersville, IN 47229
(812) 793-2927

MEDORA LIBRARY

27 West Main Street
Medora, IN 47260
(812) 966-2278



**Jackson County
Public Library**
www.myjclibrary.org

VOLUNTEER INFORMATION AND APPLICATION



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Public Library**
www.myjclibrary.org

Library volunteers

- We welcome adults and children who are 13 years or older.
- Applicants must agree to background checks.
- The number of volunteers accepted is based on need and supervisory time available.

How to volunteer

Visit the Checkout Desk or www.myjclibrary.org to review the volunteer positions and job descriptions. Fill out and return this form to the Checkout Desk. We will contact you.

Volunteer positions

(please check the position(s) interested)

- ☐ Children's Program Assistant
- ☐ Cut Coupons
- ☐ Genealogy Digital Archive
- ☐ Genealogy/Local History Records
- ☐ Kidz Cleaning
- ☐ Mending
- ☐ Outreach Services/Homebound Delivery
- ☐ Summer Learning Program
- ☐ Technical Services
- ☐ Other: _____
- _____
- _____

Name _____
Last First Middle Initial

Address _____

City/State/Zip _____

Phone _____ / _____ Email _____
Home Cell

How did you find out about volunteering at the library: _____

Number of hours available per week: _____ Library location: _____

Education: Current School _____ Highest Grade Completed 7 8 9 10 11 12 College
(please circle one)

Current or most recent employer: _____ / _____
Company Occupation/Title

Previous experience, skills or interest that would be helpful when working at the library:

References: Please list two references in the space below (no family members):

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

I certify the information is true and correct. I understand that this information may be disclosed to any party with legal and proper interest. I grant permission to obtain information from references which I have provided. I understand I may be subject to a criminal background check as a condition of application for the Jackson County Public Library.

Applicant's Signature _____ Date _____

FOR APPLICANTS UNDER AGE 18: Parent/guardian permission

I _____ give my son/daughter permission to volunteer at the Jackson County Public Library.

Parent/Guardian Signature: _____ Date _____