



## Application to Volunteer

Please complete and return:  
Mount Laurel Library, 100 Walt Whitman Ave, Mount Laurel, NJ 08054  
856-234-7319 Attention: Angel Kuntz  
www.mtlaurel.lib.nj.us

Date: \_\_\_\_\_

### PLEASE PRINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Best times to reach me by phone: \_\_\_\_\_

If student/Name of school: \_\_\_\_\_

Employer/Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### AVAILABILITY

\_\_\_\_\_ I can volunteer regularly for \_\_\_\_\_ hours each week.

\_\_\_\_\_ I need to volunteer to fulfill a short-term service project requirement. Total hours I need are \_\_\_\_\_.

Times preferred for volunteering: \_\_\_\_\_ Summers only \_\_\_\_\_ Weekday mornings \_\_\_\_\_ Weekday afternoons  
\_\_\_\_\_ September - May only \_\_\_\_\_ Weekday evenings

### LIBRARY INTERESTS

*What areas of library would interest you?*

\_\_\_ Non-public work \_\_\_ Work with children (limited opportunities) \_\_\_ Work with adults \_\_\_ Book Sale  
\_\_\_ Concerts \_\_\_ Clerical/Word processing \_\_\_ Teaching computers skills \_\_\_ Circulation Desk

### SKILLS

\_\_\_ I am familiar with using the Mount Laurel Library online catalog. \_\_\_ I can use computers  
With which computer programs are you comfortable?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I have training skills \_\_\_ I know these languages (other than English): \_\_\_\_\_

Relevant Experience/Education (include description of any work done in a library)

Where did you learn about volunteering opportunities at the library? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENTS UNDER 18 PLEASE FILL OUT REVERSE SIDE AND HAVE PARENT/GUARDIAN SIGN.**



## STUDENT VOLUNTEER PERMIT

*(To be signed by parent/guardian if applicant is under 18 year of age)*

Age \_\_\_\_\_ (IF UNDER 18)

*Please note – You must be 14 or older to volunteer at the Library.*

Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to work  
as a volunteer at the Mount Laurel Library.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature Relation to applicant

(\_\_\_\_\_) \_\_\_\_\_  
Phone