

# Pickerington Public Library Student Volunteer Application

**Students must be at least 14 years of age to volunteer at the library. If you meet that age qualification, please complete both sides of the application and then contact the library's volunteer coordinator, Colleen Pospishil, at 614-837-4104 or by email [cpospishil@pickeringtonlibrary.org](mailto:cpospishil@pickeringtonlibrary.org) to set up an interview. Please bring the completed application to the interview. We would appreciate you printing your responses.**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Gender      \_\_\_\_\_ Female                      \_\_\_\_\_ Male

Highest level of education completed:

- \_\_\_\_\_ 8<sup>th</sup> grade
- \_\_\_\_\_ 9<sup>th</sup> grade
- \_\_\_\_\_ 10<sup>th</sup> grade
- \_\_\_\_\_ 12<sup>th</sup> grade
- \_\_\_\_\_ Some college

Are you seeking this volunteer opportunity in order to fulfill a requirement to complete community volunteer hours?

\_\_\_\_\_ No

\_\_\_\_\_ Yes

If yes, please answer the following questions:

What organization is requiring the volunteer hours? \_\_\_\_\_

How many hours do you need to complete? \_\_\_\_\_

What is the deadline (date) for you to complete the requirement? \_\_\_\_\_

Why did you select the library as a location you would like to volunteer?

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Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If you answered yes, please explain the nature of the offense, date of the conviction and location (city and state) of the offense. Do not include traffic violations. Convictions will not necessarily disqualify you from volunteering.

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Do you have any health limitations? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If you answered yes, please provide a brief explanation. It is important that we assure that your volunteer assignment does not require any activity that could be detrimental to your health.

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In case of a medical emergency, my emergency contact person is:

Name \_\_\_\_\_

Relationship to me \_\_\_\_\_

Primary phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

I acknowledge that all the information provided is truthful and that I am applying to volunteer my time and skills to Pickerington Public Library and will not expect monetary remuneration in return for my services.

Signature \_\_\_\_\_

Parent or Legal Guardian's Signature giving approval that you can volunteer:

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

For Office Use Only:

Interview date \_\_\_\_\_

Orientation date \_\_\_\_\_