



The Board of Trustees of Elizabeth Public Library encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Volunteers under the age of 18 will be assigned to the Children's or Teen Department for special assignments.

Thank you for your interest in assisting the library.

Name: _____	<div style="border: 1px solid black; padding: 5px;"> Under 18? Yes _____ No _____ </div>
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____ E-mail: _____	
Employer: _____ Position: _____	

Any special talents or skills you have that you feel would benefit the library:

Although training will be provided, please list any other organizations you have served:

Date (Year)	Organization	Supervisor	Contact Information

Depending on the time of year, various volunteer opportunities exist in the library. Please check the possibilities that interest you:

- Circulation** (Shelving materials, shelf-reading, other special projects)
- Teen Services** (Teen Advisory Committee, Weekly shelvees, photocopying)
- Youth Services** (Shelf-reading, Summer Reading Program, craft preparation, etc.)
- Programming** (assist with various one-time library programs/events, movie monitor)
- Book Sale Helper** (book sorter, pricing, display arrangement, monitor)
- Local History Room** (organizing files, identifying images, clipping newspaper articles, etc.)

Please indicate the days you are available:

Monday Tuesday Wednesday Thursday Friday Saturday

Times: From _____ To _____

Any physical limitations? _____

In case of emergency contact: _____

Have you been convicted of a crime within the past seven years? _____

If yes, please explain:

As a volunteer of our organization, I agree to abide by library policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for accident, injury, or health problem which may arise from volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____

For Staff Use Only:

Date received: _____ Date processed: _____ Action Taken: _____ Initials: _____

Elizabeth Public Library

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