

**BURLINGTON COUNTY LIBRARY SYSTEM  
ADULT VOLUNTEER APPLICATION**

The following information will assist us in making the most appropriate volunteer placement.  
Volunteer positions are subject to availability and need by location.  
Thank you for your interest in volunteering.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(Town) (State) (Zip Code)

**DAY PHONE:** (circle: home work cell): (\_\_\_\_\_) \_\_\_\_\_

**EVENING PHONE:** (home work cell): (\_\_\_\_\_) \_\_\_\_\_

**If either is a work phone, can you be contacted there?** Yes No N/A

**EMAIL:** \_\_\_\_\_

**WORK OR VOLUNTEER EXPERIENCE:** \_\_\_\_\_

**SPECIAL INTERESTS/HOBBIES:** \_\_\_\_\_

**EXPERIENCE WITH COMPUTER DATA ENTRY:** Yes No

**AVAILABILITY:**

- \_\_\_\_\_ Regularly each week for 1 hour
- \_\_\_\_\_ Regularly each week for 2 hours
- \_\_\_\_\_ Regularly each week for 3 hours
- \_\_\_\_\_ Seasonal or Special Projects (Summer only, Books Sales, etc.)

**LOCATION DESIRED:**

- |                     |                 |
|---------------------|-----------------|
| ___ Westampton (HQ) | ___ Maple Shade |
| ___ Bordentown      | ___ Medford     |
| ___ Cinnaminson     | ___ Pemberton   |
| ___ Evesham         | ___ Riverton    |

**LIBRARY INTERESTS:**

- \_\_\_ Gardening
- \_\_\_ Craft Prep
- \_\_\_ Creative (artwork, etc.)
- \_\_\_ Inventory projects
- \_\_\_ Newspaper Indexing
- \_\_\_ Publicity
- \_\_\_ Shelfreading
- \_\_\_ Shelfread certain subject area
- \_\_\_ Updating files
- \_\_\_ Other:

**DAY(S) and TIME(S):**

	Morning / Afternoon / Evening		
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

**PHYSICAL LIMITATIONS:** *Some library tasks involve physical exertion, standing, or close visual work. Please list any physical limitations that may effect your volunteer placement.*

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**REFERENCE:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**WHY ARE YOU INTERESTED IN VOLUNTEERING AT THE LIBRARY?**

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**AGREEMENT:**

**I hereby agree to not make any claim or demand or to institute, press or in any way aid any claim, demand, action or causes of action or legal proceeding of whatever nature against the Burlington County Library or the Burlington County Board of Chosen Freeholders for, on account of, or in any way growing out of any and all injury I may suffer while rendering volunteer services to the Library or resulting from my rendition of volunteer services to the Library that are not caused by or the result of the negligence of the library, library staff or other county employee.**

**SIGNATURE** \_\_\_\_\_

*Thank you for completing this form. The Library and its Staff are pleased to have people willing to volunteer to assist the Library.*

**RETURN THIS FORM TO the MAIN LIBRAY or ANY BRANCH, or MAIL TO:**  
Director of Volunteers, Burlington County Library System, Cinnaminson Branch Library,  
1619 Riverton Rd., Cinnaminson, N.J., 08077                      2008.10.29sff    Adult Vol Form-1