



ADULT APPLICATION

burlington county library system

VOLUNTEER

Volunteer positions are subject to availability and need by location.
Volunteers may not work with children and must be 18 years of age or older.

NAME: _____ **DATE:** _____

ADDRESS: _____ (Street) _____ (Apt.)

_____ (Town) _____ (State) _____ (Zip)

DAY PHONE: (circle: home work cell): (_____) _____

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

EVENING PHONE: (home work cell): (_____) _____

EMAIL: _____

EXPERIENCE WITH COMPUTER DATA ENTRY: Yes No

WORK OR VOLUNTEER EXPERIENCE: _____

SPECIAL INTERESTS/HOBBIES: _____

AVAILABILITY:

_____ Hours Weekly
_____ Seasonal or Special Projects _____

LOCATION:

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

LIBRARY INTERESTS:

- ___ Special events
- ___ Craft prep
- ___ Newspaper indexing
- ___ Inventory projects
- ___ Shelving materials
- ___ Shelf reading
- ___ General office work
- ___ Plant care

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 affect your volunteer placement.*

REFERENCE:

NAME: _____

PHONE: _____

RELATIONSHIP: _____

WHY ARE YOU INTERESTED IN VOLUNTEERING AT THE LIBRARY?

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 and its patrons.

**RETURN THIS FORM to the MAIN LIBRARY
or ANY BRANCH, or MAIL TO:**
Volunteer Coordinator
Burlington County Library System,
5 Pioneer Blvd.
Westampton, NJ, 08060

Office Use Only

Start Date:
Job Title:
Location:
Department: