



Volunteer Application

Thank you for printing legibly and completing all sections of the application, including reverse side.

Harford County Public Library is committed to diversity in the workplace and is an Equal Opportunity Employer. The Library's policy is to treat all applicants equally without regard to race, color, religion, age, sex, national or ancestral origin, marital status, veteran's status, sexual orientation, or disability in accordance with applicable laws. Harford County Public Library is a drug free/smoke free workplace.

PERSONAL INFORMATION

Mr. Mrs. Ms. Miss Name: _____
(First) (Last) (Nickname)

Address: _____
Street Apt. # City State Zip

Phone: _____
Primary Secondary Other

E-mail: _____ Indicate if: under 18
used for HCPL volunteer program only

WORK, EDUCATION & VOLUNTEER HISTORY

Current Employer or School: _____

Education: Last grade completed: _____ Degrees/Certificate: _____

Work Experience (paid or volunteer): _____

Have you previously volunteered with Harford County Public Library? yes no

If yes, list dates and location: _____

Skills, abilities and interests (please include computer skills and software packages used): _____

To help us offer you the best volunteer experience, please write a sentence or two stating why you wish to volunteer at the library: _____

VOLUNTEER LOCATION & AVAILABILITY

Preferred Branch Location (check all that apply):

- | | | | |
|-----------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Aberdeen | <input type="checkbox"/> Abingdon | <input type="checkbox"/> Bel Air | <input type="checkbox"/> Darlington |
| <input type="checkbox"/> Edgewood | <input type="checkbox"/> Fallston | <input type="checkbox"/> Havre de Grace | <input type="checkbox"/> Jarrettsville |
| <input type="checkbox"/> Joppa | <input type="checkbox"/> Norrisville | <input type="checkbox"/> Whiteford | <input type="checkbox"/> Administration (Belcamp) |

Availability for volunteer service (please indicate slots preferred, check all that apply):

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

DISCLOSURE AND AGREEMENT

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, state offense, location, date and disposition: _____

We at the Harford County Public Library express our appreciation for the time and effort you have spent completing this application. My signature on this application indicates my agreement to abide by all the rules, regulations, and policies of Harford County Public Library and certifies that all information provided is true and complete.

Signature: _____ Date: _____

PARENTAL PERMISSION (required for all volunteers under 18 years of age)

My son/daughter _____ is permitted to perform volunteer services for Harford County Public Library. This permission is intended to extend to any duties or services deemed appropriate by the Harford County Public Library. I (circle one) DO or DO NOT give permission for Harford County Public Library to take photographs and/or film of my child. These images may be used solely for the purpose of promoting Harford County Public Library.

Parent or Guardian Signature: _____

For Office Use Only

Date application received: _____

Status: (check all that apply):

- Applicant contacted: _____
- Applicant interviewed: _____
- Status pending: _____
- Refer to other branch: _____
- Applicant hired: _____

Volunteer Assignment:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Regular | <input type="checkbox"/> Partners in Reading |
| <input type="checkbox"/> CWS | <input type="checkbox"/> Sharing the Gift |
| <input type="checkbox"/> Short Term | <input type="checkbox"/> TAG/Teen |

Flag:

- Alliance referral
- ARC referral
- Transitions referral (HCPS)
- Work Experience referral (HCPS)
- Other: _____

Volunteer Supervisor Signature: _____ Date: _____