



Application to Volunteer

Please complete and return:
Mount Laurel Library, 100 Walt Whitman Ave, Mount Laurel, NJ 08054
856-234-7319 Attention: Angel Kuntz
www.mtlaurel.lib.nj.us

Date: _____

PLEASE PRINT

Name: _____

Address: _____

Phone: (_____) _____ Work Phone: (_____) _____

Email Address: _____ Best times to reach me by phone: _____

If student/Name of school: _____

Employer/Address: _____

Emergency Contact _____ Phone _____

AVAILABILITY

_____ I can volunteer regularly for _____ hours each week.

_____ I need to volunteer to fulfill a short-term service project requirement. Total hours I need are _____.

Times preferred for volunteering: _____ Summers only _____ Weekday mornings _____ Weekday afternoons
_____ September - May only _____ Weekday evenings

LIBRARY INTERESTS

What areas of library would interest you?

___ Non-public work ___ Work with children (limited opportunities) ___ Work with adults ___ Book Sale
___ Concerts ___ Clerical/Word processing ___ Teaching computers skills ___ Circulation Desk

SKILLS

___ I am familiar with using the Mount Laurel Library online catalog. ___ I can use computers

With which computer programs are you comfortable?

___ I have training skills ___ I know these languages (other than English): _____

Relevant Experience/Education (include description of any work done in a library)

Where did you learn about volunteering opportunities at the library? _____

Signature _____ Date _____

STUDENTS UNDER 18 PLEASE FILL OUT REVERSE SIDE AND HAVE PARENT/GUARDIAN SIGN.



STUDENT VOLUNTEER PERMIT

(To be signed by parent/guardian if applicant is under 18 year of age)

Age _____ (IF UNDER 18)

Please note – You must be 14 or older to volunteer at the Library.

Date: _____

_____ has my permission to work
as a volunteer at the Mount Laurel Library.

Signature of Parent/Guardian

Signature Relation to applicant

(_____) _____
Phone