



Tiffin-Seneca Public Library  
***Volunteer Application***

77 Jefferson St.  
 Tiffin, OH 44883  
 (419) 447-3751  
[www.tiffinsen.lib.oh.us](http://www.tiffinsen.lib.oh.us)  
[tiffin@oplin.org](mailto:tiffin@oplin.org)

NAME:		BIRTHDAY:	
MAILING ADDRESS:		CITY/ZIP:	
HOME PHONE:		E-MAIL:	
ALT. PHONE:		EMERGENCY CONTACT & PHONE:	
OCCUPATION:		EMPLOYER:	
<i>(Volunteers between the ages of 12 &amp; 17 and their parents must also read and sign page two of this form.)</i>			
Please mark the positions you are interested in:			
<input type="checkbox"/> Shelver	<input type="checkbox"/> Assistant to staff	<input type="checkbox"/> Program Assistant	
<input type="checkbox"/> Check-in books & videos	<input type="checkbox"/> New Material Processing	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Shelf Reader	<input type="checkbox"/> Book Searching (Fill Requests)		
What days are you available to volunteer? Please check all that apply:			
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
What time of day do you prefer?			
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	
Number of hours per week you are available to volunteer:			
Would you like to be contacted by the Friends of the Library to help with their activities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you required to perform service hours for another organization or agency? If so, please name the organization and the number of hours required.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to submit to a criminal background check if required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What special skills, interests or training do you have?			
To best meet your needs please, describe any particular goals or expectations that you have while volunteering at the Tiffin-Seneca Public Library:			

***\*\*Please read and sign the back of this form.***

***Volunteers 18 years of age and older:***

In consideration of the opportunity to volunteer with the Tiffin-Seneca Public Library, I fully and completely release T-SPL, its officials and employees from any and all claims, demands and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the Library. I understand that I will be covered by the Library's insurance for any physical injuries that may occur during my volunteer activities. I acknowledge that any photograph or videotape taken of me participating in this volunteer activity may be used for outreach, education, advertising or documentation purposes by the library.

By my signature below, I verify that I understand the rights, responsibilities and privileges of participation in the volunteer program and agree to hold harmless, release and indemnify the Tiffin-Seneca Public Library, its officials and employees from liability for property damage and/or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Volunteers 12 through 17 years of age:***

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the Tiffin-Seneca Public Library volunteer program. I also agree to indemnify, hold harmless and to release the Library, its officials and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or videotape taken of my child/ward participating in this volunteer activity may be used for outreach, education or documentation purposes by the Tiffin-Seneca Public Library.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(For Library use only.)*

Interview Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_ Orientation/Training Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Assigned Supervisor/Department: \_\_\_\_\_

Assigned Tasks: \_\_\_\_\_

Assigned Schedule: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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