



Jefferson County Library
241 SE 7th Street
Madras, OR 97741
(541) 475-3351
<http://www.jcld.org>

Application for Volunteers

Please fill out this form and return it to the library

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (home): _____ Phone # (work): _____

Day of Birth: _____

In case of an emergency, contact: _____ Phone #: _____

List any physical limitations you have that we should consider when matching you with volunteer jobs.

To help us offer you the best volunteer experience, please write a short paragraph stating why you wish to volunteer at the library. Be sure to note any special skills or interests you have:

Current Employer

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Reference Employer

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Volunteering Information

What days and times are you available? _____

When can you start _____? Can you make a commitment of at least 8 weeks? YES NO

How many hours per week would you like to volunteer at the library? _____

Check the jobs below that interest you:

- Shelving returned books.
- Helping with a library program.
- Other: _____
- Straightening up bookshelves and checking book order
- Clerical work, i.e., work-processing, typing, filing

Staff Use Only

Application Received _____ Volunteer Contacted _____

Orientation/training _____

Volunteer placement _____