



Walkerton-Lincoln Twp. Library Volunteer Application

Updated 4/2024

Personal Information

Name: _____ Preferred Salutation: Mr. ☐ Mrs. ☐ Ms. ☐

Address: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____
(Include area code) (Include area code)

Emergency Contact: _____
Name Daytime Phone Relationship

Position(s) of Interest

Availability

Please select the days and times that best work with your schedule.

Monday: ☐ Thursday: ☐ Mornings: ☐
Tuesday: ☐ Friday: ☐ Afternoons: ☐
Wednesday: ☐ Other: _____

Education

Highest Education Completed: _____

Degrees/Certifications: _____

If currently a student, where are you enrolled and what are you studying? _____

Prior Work or Volunteer Experience (Include current employer. Additional space provided on the third page.)

Employer	Dates of Service	Duties

References

Please provide two personal or professional references from individuals that are not a relative.

Name: _____

Address: _____

Daytime Phone: _____ Relationship: _____
(Include area code)

Name: _____

Address: _____

Daytime Phone: _____ Relationship: _____
(Include area code)

Parental Consent

If you are under the age of 18, please have a parent or guardian complete this section.

_____ has my permission to volunteer at the Indiana State Library.
Applicant's full name

Age of Applicant: _____ Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Parent or Guardian Contact Information:

Address: _____

Daytime Phone: _____

Signature

I certify that the statements made in this application are true and correct, have been given voluntarily, and understand that misrepresentation is just cause for dismissal. I understand that a background investigation may be made whereby information may be obtained through personal interviews, a police criminal records check, and other sources which have information about me. I hereby grant permission and consent to any such verification and investigation, agree to cooperate with the same, and release from all liability or responsibility all persons, organizations, companies, and corporations collecting and supplying information.

Applicant Signature: _____ Date: _____

Please submit application to the Indiana State Library Volunteer Coordinator:

Via email:
jennifercygert@walkerton.lib.in.us

Via mail:
Jennifer Kirman
406 Adams Street
Walkerton, IN 46574

Additional Information

Please use this space to continue any of the previous sections or to provide any relevant information not covered elsewhere.