



# 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)

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## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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**Please submit application to the Indiana State Library Volunteer Coordinator:**

*Via email:*  
[jennifercygert@walkerton.lib.in.us](mailto: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.