

# Jackson County Library Services Volunteer Application

## BRANCH USE ONLY

Interviewed on \_\_\_\_\_ By \_\_\_\_\_

Branch/Dept. \_\_\_\_\_ Accepted Yes / No

(Please Print)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

**BRANCH PREFERENCE:**

Why do you wish to volunteer with the library?

Reference Name (non-relative) \_\_\_\_\_ Phone \_\_\_\_\_

I would like to volunteer by helping with:

**At most libraries:**  
Circulation/Shelving  
Finding hold requests  
Special Activities/Events  
Summer Reading Program

**Medford/Ashland Only:**  
Children's Department  
Teen Department  
Reference

**Medford Only:**  
Outreach to Child Care  
Technical Services  
Outreach to the Homebound

I hereby certify that all the statements made in connection with this volunteer application are true to the best of my knowledge. I authorize Jackson County Library Services to conduct a criminal background check (if 18 or older) and/or contact my references if necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF UNDER 18 YEARS OF AGE, PARENT/GUARDIAN APPROVAL IS REQUIRED.** I give consent for my child to volunteer for Jackson County Library Services.

Parent/Guardian name (printed) \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Contact: Jessica Arenas, Staff Development & Volunteer Services Coordinator**

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Updated 06/18