



# Adult Volunteer Application

Please fill out completely and return via: email [volunteer@sclibnj.org](mailto:volunteer@sclibnj.org), fax (908) 707-8324, or mail to Volunteer Services, Bridgewater Branch, PO Box 6700, Bridgewater, NJ 08807  
 Have any questions? Please call the Civic Services Volunteer Office at (908) 458-4938

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact (Name/Phone/Relationship) \_\_\_\_\_

Have you previously worked or volunteered for the Somerset County Library System of New Jersey?

Yes /  No

If yes, when and in what capacity? \_\_\_\_\_

VOLUNTEER TASKS: Check off the type(s) of volunteer work you are interested in. (Not all tasks are available at all branches).	
<input type="checkbox"/> <b>Sorting and Organizing:</b> Sort returned items to be shelved. Ensure materials are neatly aligned and in proper order on shelves. Help organize and divide unsorted materials or supplies.	<input type="checkbox"/> <b>Exhibits, Displays and Decor:</b> Assist staff, artists and collectors set up displays or exhibits, create signage, fill display with selections, and create decor as directed.
<input type="checkbox"/> <b>Cleaning:</b> Dusting bookshelves and computers, disinfecting surfaces, washing items.	<input type="checkbox"/> <b>Material Retrieval:</b> Pull materials from shelves as directed by branch staff for displays and outreach.
<input type="checkbox"/> <b>Program Support:</b> Welcome attendees, distribute supplies, prepare crafts, and more.	<input type="checkbox"/> <b>Material Weeding Support:</b> Break down books removed from the library catalog.
<input type="checkbox"/> <b>Gardening / Plant Care:</b> Weed, water, plant, re-pot, and help maintain outdoor gardens and / or indoor plants.	<input type="checkbox"/> <b>Local History Support:</b> Use copiers and other tools to support preservation and digitizing historic materials. Training will be provided. *Computer comfort and experience required.

VOLUNTEER HISTORY: Tell us about current or prior volunteer activities, if applicable.			
Organization	Dates of Service	Description of Duties	Reason for Leaving

AVAILABILITY: Circle preferred branch locations, days, and times of service.		
Locations	Day of Week	Time of Day
Bound Brook   Bridgewater   Hillsborough   Manville Mary Jacobs   Montgomery   North Plainfield Peapack & Gladstone   Somerville   Warren Watchung	Monday   Tuesday Wednesday   Thursday Friday   Saturday	Morning Afternoon Evening

**ADDITIONAL INFORMATION:** Share your experience, training, interests, capabilities, and anything else you would like considered with your application. If you speak any languages other than English fluently, please list them here. Attach additional pages as needed.

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**REFERENCE INFORMATION:** Provide contact information for two references, personal or professional.

1. Reference Name	Reference Phone	Reference Email

How do you know this person and for how long have you known them?

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2. Reference Name	Reference Phone	Reference Email

How do you know this person and for how long have you known them?

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How did you learn about our volunteer program? (Circle all that apply)

Library Staff	Library Volunteer	Library Website	Friend/Family	Other _____
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**Please note the following:**

Volunteer placement:

Submission of the volunteer application does not guarantee placement or engagement as a library volunteer. Applicants will receive written confirmation via mail or email once their application has been received. Volunteers will be contacted if applicable branch opportunities are available.

Background screenings:

To best serve the public good, all prospective volunteers are required to pass a criminal background check if offered a volunteer position. Once accepted as a volunteer, an assignment can end at any time at the discretion of the Civic Services Volunteer Office or supervising branch staff. Background checks are only run after the volunteer has accepted the position, and must be passed before the first day of the assignment can be scheduled.

By signing below, you are affirming that the information you have provided is true and complete and that you understand and accept the information included on this application.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

If you will be assisted by or are assisting another volunteer, include their information here.

Companion's Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**FOR STAFF USE ONLY: \*Forward all applications to Civic Services Volunteer Office, at BRIDGE\***

Received at _____ Branch	For Civic Services Volunteer Office Use:
Received by: _____ (Branch Staff Initials)	Method of confirmation of receipt: Email/Phone
Can the branch accept this volunteer at this time? Y/N	Date of confirmation: ___/___/_____
AVC Initials: _____	Date entered into database: ___/___/_____