



ROCKY RIVER PUBLIC LIBRARY

Discover. Connect. Engage.

1600 Hampton Road, Rocky River OH 44116

-----Volunteer/Intern/Practicum Student Application-----

Date of Application _____

Name _____

Last

First

Middle

Address _____ City _____

State _____ Zip Code _____ Telephone _____

E-Mail Address _____ In case of emergency, notify (Name): _____

Telephone: _____ Relationship: _____

What hours do you prefer? Morning _____ Afternoon _____ Evenings _____

What day of week do you prefer?

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____

What department of the Library are you most interested in? Rate them 1-6 with 1 being your first preference
____ Children ____ Teen ____ Adult ____ Cowan Museum/History ____ Circulation ____ Training

Areas of interest:

Education

	Name of School	Diploma/Degree Earned	Major/Subject Studied
High School			
College			

Special experiences, qualifications, skills: _____



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Community Service Credit Information (If Applicable):

Name of the school or agency: _____

Number of hours required: _____ Completion date required by: _____

Name of teacher or agency contact: _____

Employment History: Tell us about your last three paid positions

Employer	Dates of Employment	Description of Duties

May we contact the employers listed above? _____ If not, indicate by No. which one (s) you do not wish us to contact _____

Volunteer History: Tell us about your last three most recent volunteer assignments

Organization	Date Volunteered	Description of Duties

Volunteer work may involve heavy lifting, repetitive motions, bending, stretching, and other physical stressors. Are you able to handle the requirements with or without accommodations? ____ Yes

Why do you want to volunteer, intern, or complete your practicum student hours at the Rocky River Public Library?



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As an applicant for volunteer/intern/practicum with Rocky River Public Library (RRPL), I understand the following:

I voluntarily agree to submit to a criminal background check if offered a volunteer/intern/practicum position.

I further understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between the Library and me.

Submitting a volunteer/intern/practicum application does not guarantee placement or engagement at the Library. Once accepted as a volunteer, intern, or practicum student an assignment can end at any time at the discretion of the Library.

Qualified volunteer/intern/practicum applications are considered without regard to race, color, religion, sex, national origin, age, marital status, non-job-related medical condition or disability.

I authorize RRPL to thoroughly investigate my work history, library records, education and other matters related to my suitability for a volunteer position and, further, authorize my current and former employers to disclose to RRPL any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I release RRPL, my current and former employers, and all other persons, corporations, partnership associations from any and all claims, demands or liability related in any way to such investigation or disclosure.

I have not knowingly withheld any information that might adversely affect my chances for volunteering, interning or completing my practicum student hours and the answers given by me are true and correct to the best of my knowledge. I have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure a volunteer position shall be grounds for rejection of this application.

I grant the Library full permission to use my name, any photographs, video, motion pictures, or recording obtained through the volunteer program for any publicity and promotional purpose without obligation or liability to me. I acknowledge that there is no salary or other compensation for my services as a volunteer.

I understand that the Rocky River Public Library shall not be responsible for the loss or damage of personal property and possession of the volunteer.

I agree and abide by and comply with the policies, the safety and health rules and regulations and the rules of conduct of the Rocky River Public Library. I understand that my failure to do so may result in dismissal from the volunteer/intern/practicum student program.

I understand that my volunteer/intern/practicum student work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decided to stop volunteering, interning, or completing my practicum student hours I will notify the Library.

My signature below certifies that I have read the above and understand and agree to the terms and conditions outlined.

Signature: _____ Date _____

If potential volunteer is 17 or under a parental signature is required below.

Medical Emergencies Involving Minors: In the event that a parent or legal guardian or a minor volunteer cannot be reached in a medical emergency, the Rocky River Public Library is authorized to arrange for emergency medical treatment, the cost of which will be the sole responsibility of the parent or legal guardian.



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Print Name of parent or legal guardian

Signature

Date

Return completed application to Rocky River Public Library, Peter Matera/Director, 1600 Hampton Road, Rocky River, OH 44116. Email: director@rrpl.org