VOLUNTEER APPLICATION



Please note: you must be 16 or older to volunteer with the Library.

Personal Information

Name:		Date:					
Address:		City:	State:_	Zip:	:		
Telephone: Cell/Work tele	ephone:	Email	:				
What is the best way to reach you during the	he day?						
Date of birth (adults, please list month & da	ay only):	Age: 016	-17 () 18-30	○ 31–54	○ 55+		
Are you a student? Yes No	Employed?Ye	s No					
Emergency contact name:							
Relationship:	Contact telephone	2:					
Do you have a community service requiren	nent?Yes	No O School	⊖ Work (⊖Court	\bigcirc Other		
If yes, how many hours are you looking for	and by what date?)					

Skills, Experience, and Interests

Current or most recent employer (if application	able):		\bigcirc P/T	\bigcirc F/T
Dates of employment:	Job title	2:		
Job responsibilities:				
May we contact for a reference?Yes	No	Contact name and telephone:		
Please tell us about your prior volunteer ex	perience	e (if applicable):		
Organization name:	Your res	sponsibilities:		
May we contact for a reference? Yes	No	Contact name and telephone:		
Organization name:	Your res	sponsibilities:		
May we contact for a reference? Yes	No	Contact name and telephone:		
Please list hobbies, interests, special skills ((includin	g foreign language skills), and experience you ca	n offer:	

Availability

What days are you available to volunte			Fridayo	Coturdova	<u>Cura da va</u>		
Mondays Tuesdays W	eunesuays		Fridays	Saturdays	Sundays		
What time during the day are you availa	able? Mornin	gsAfte	ernoons	Evenings	Varies		
How often can you volunteer?							
2 or more per weekOnce per we	eekOnce or tw	vice per month	Summer	onlySpecial	events only		
At which locations would you prefer to	volunteer? (Checl	k as many as ap	oply.)				
Hughes Main Library	Five Forks Bra	anch	Pelha	Pelham Road Branch			
Anderson Road Branch	Fountain Inn	Branch	Simp	Simpsonville Branch			
Augusta Road Branch	Greer Branch		Taylo	Taylors Branch			
Berea Branch	Mauldin Bran	ch	Trave	Travelers Rest Branch			
Which volunteer areas interest you? (C	heck all that apply.)					
Shelving/Library aide	Assisting with ac	lult programs	Specia	al events			
Friends gift shop	Maintenance		Coacl	ning patrons on com	puters		
Assisting with children's programs	Transporting bo	oks in my vehicle	Biling	ual services			
Helping with book sales	Sorting donation	าร	Regist	tering children for su	Immer reading		
Historical documents/genealogy							
Any other comments:							

I understand that the Greenville County Library System conducts criminal records checks and sex abuse registry checks on volunteers who work in certain positions, and I hereby give consent for such a check if required for the volunteer assignment for which I'm being considered. Criminal record checks require a full date of birth, which I agree to provide upon request. I understand all such reports will be held in strictest confidence and that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of the background investigation. I understand that this is an application for and not a commitment or promise of a volunteer assignment. I understand and agree that the Greenville County Library System is under no obligation to consider me for full-time or part-time employment opportunities.

Applicant Signature:_____

Parent's Signature (if applicant is a minor):_____

Please return to any branch/service desk or mail to:

Amy Pecht - Volunteer Coordinator 25 Heritage Green Place, Greenville, SC 29601 Phone 527-9286 Fax 235-8375 apecht@greenvillelibrary.org