

## **VOLUNTEER SERVICE APPLICATION**

Caroline County Public Library www.carolib.org info@carolib.org

HERE KNOWLEGAL	Date:
Name:	
Address:	
Phone Number:	Email:
Age (Answer ONLY if under 18)	Email:***Minimum age of 12 Required***
Highest Level of Education Comp	oleted:
How did you hear about volunteer	r opportunities at Caroline County Public Library?
	olunteering?
If short term, please provide detail	m or ( ) short term volunteer work?
( ) Yes ( ) No	eer or work experience relevant to the library setting? what type of experience was completed.
are are in need of service learning	ag to volunteer? If you have a court order for community service or hours for school, please provide details.
Do you have any special skills or experience?	interests that would you would like to incorporate into your volunteer
Do you have any physical limitati ( ) Yes ( ) No If yes, please describe.	ons that will need to be accommodated in your volunteer work?

number, etc.	vide relevant detail, incl	uding date, nature of offense, court, ca	se
At which library location wou	ld you prefer to voluntee	er? North County (Greensboro)	
Which dates/times are you ava (Availability of hours may var Monday:	y by location)		
luesday:			
Inursday:			
Saturday:			:
What is your ideal number of ***Please note there is a two-	hours to volunteer per w hour per week minimum	reek? most volunteer position	ons***
Coordinator. All volunteers will sig	n a daily log sheet for each vers are going to be absent the	arranged between each volunteer and the Volunteer session. It is expected that volunteer are to call the Coordinator as soon as possive be grounds for termination.	s will adhere
	requests cannot be guarantee	olunteer Coordinator will try to accommodate d. Volunteers will be expected to complete a	
application process and I cons	and/or general backgrouent to such checks.	oline County Public Library.  and checks may be conducted during the conducted during the conducted position.	
	.54		
Signature:	undar 19)	Date: Date:	_
Parent/Guardian Signature (11	under 18)	Date	_
Emergency Contact: Name:			
Name:Relationship:			
Phone Number:			
Alternate Number:			