Cleveland Bradley County Public Library Volunteer Application

| Name: | | | |
|----------------------------|-------------------------------|-----------|---------|
| Address: | City: | State: ZI | P Code: |
| Phone (Home): | ((| Cell): | |
| Birthdate:// | E-Mail: | | |
| Emergency Contact: | | | |
| Relationship: | | Phone: | |
| Frequency of volunteer av | ailability: | | |
| Service hours only | Seasonally | Monthly | Weekly |
| Educational background: _ | | | |
| Past volunteer experience: | | | |
| Have you previously volun | teered with this organization | | |
| Why do you want to volun | teer with this organization | ? | |
| What are your hobbies, int | erests, and skills? | | |
| Do you have any physical I | imitations? If so, please de | scribe. | |

| Opportunities of Interest: | | | |
|---|---|-----------------------------|--------|
| □ Sł | helf Reading | | |
| □ H | elp Desk (long-term volunteers only) | | |
| □ н | listory Branch (long-term volunteers o | nly) | |
| ☐ Fr | riends of the Library Book Nook | (long-term volunteers only) | |
| | rograms/Events | | |
| □ O |)ther* | | |
| | provide an opportunity outside of the specific Opportu ot guarantee being able to volunteer in an area that is i | | ers to |
| • | phone/e-mail of a non–family mem pportunity. One reference is require with Youth Services. | • | ıce |
| Reference 1 (required): | | | |
| Relationship: | Phone/E-mail: | | |
| Reference 2 (required only with | Youth Services): | | |
| Relationship: | Phone/E-mail: | | |
| I am at least 14 years old or will be I have answered these questions I will abide by the library's policies I consent for the library to run a | es and procedures. | | |
| Applicant's Signature | | Date | |
| If under 18 years of age, parent o | or guardian must also sign. | | |
| Parent or Guardian's Signature | | Date | |