

**Cleveland Bradley County Public Library**  
**Library of Experiences Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Frequency of availability:

Monthly

Bi-Weekly

Weekly

In 1-3 words, what title would you select for your experience? \_\_\_\_\_

\_\_\_\_\_

What qualities do you have that would help you share your experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to share your experience with CBCPL patrons? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share 2 examples of major impacts your experience has had on you. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In one key word or phrase, what effect do you want your experience to have on CBCPL patrons?

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Please share any languages that you speak fluently. \_\_\_\_\_

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Do you have any physical limitations or special needs? If so, how can we accommodate you?

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Reference | Please provide the name and phone/e-mail of a **non-family member** who can share a recommendation on your ability to serve in the Library of Experiences.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone/E-mail: \_\_\_\_\_

**I understand that by signing this form I agree to the following things:**

I am at least 18 years old.

I have answered these questions truthfully to the best of my knowledge.

I will abide by the library's policies and procedures and attend all required trainings.

I consent for the library to run a background check on me.

I consent for the library to keep my information on file for two years.

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Applicant's Signature

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Date