



## **VOLUNTEER APPLICATION**

*Please print*

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female    Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_    Mo/Day/Yr

Emergency contact: \_\_\_\_\_

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

Education and Experience: (including volunteer experiences)

---

---

---

Special skills, interests, hobbies, languages:

---

---

Other information you want us to know:

---

How did you hear about the GCL Volunteer Program?

---

Why would you like to volunteer at the library?

---

Two personal references we may contact: *Name and phone number, please*

1. \_\_\_\_\_

2. \_\_\_\_\_

Please indicate volunteer opportunities that would interest you:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Welcome Desk and<br>Book Store | <input type="checkbox"/> Tour Guide         | <input type="checkbox"/> Shelving/Reading Shelves |
| <input type="checkbox"/> Special Events                 | <input type="checkbox"/> Computer Lab       | <input type="checkbox"/> Book Sorting             |
| <input type="checkbox"/> Clerical                       | <input type="checkbox"/> Literacy/ESL       | <input type="checkbox"/> Displays/ Seasonal Decor |
| <input type="checkbox"/> Book Sale                      | <input type="checkbox"/> Genealogy          | <input type="checkbox"/> Children's Department    |
| <input type="checkbox"/> Teen Center                    | <input type="checkbox"/> Tech Services Aide |   |

Have you ever been convicted of an offense against the law other than a minor traffic violation?

No  Yes *Please explain fully:*

---

---

I understand that it is the Greenwood County Library's policy to protect the privacy of our patrons and agree to hold information from volunteer duties in complete confidence. I understand that background checks may be necessary for some positions and that all such reports will be held in strict confidence. I understand that all volunteer work must be done on the library premises. My submission of this application indicates agreement with these terms and conditions.

SIGNATURE \_\_\_\_\_

NAME (PLEASE PRINT) \_\_\_\_\_

Please return application to: Dana Ellis, Volunteer Coordinator, Greenwood County Library,  
600 South Main St., Greenwood, SC 29646 or [dellis@greenwoodcountylibrary.org](mailto:dellis@greenwoodcountylibrary.org) .

Questions? Please call the Library at 864-941-4654.

**Thank you!**