

Forsyth County Public Library Volunteer Application

Mail completed application to:
HR/Volunteers
Forsyth County Public Library
585 Dahlonega Road
Cumming, GA 30040

Date of Application: _____ Posting # **V** - _____

Title of Volunteer Position: _____
Applications are accepted for currently posted positions only.

Personal Information

Name: _____
Last First Initial

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: Primary : (_____) _____ Secondary: (_____) _____

May we communicate with you by email? No Yes* Email: _____
**If yes, please check your emails weekly to ensure you receive any communications from FCPL.*

Are you at least 18 years old? No* Yes **You must be at least age 16 to volunteer. If you are under age 18, a parent or legal guardian must sign a consent form before you begin volunteer work.*

Have you ever:
Been employed by FCPL? No Yes *Dates: _____*
Submitted an Employment Application to FCPL? No Yes *Dates: _____*
Volunteered for FCPL? No Yes *Dates: _____*
Submitted a Volunteer Application to FCPL? No Yes *Dates: _____*

Since age 18, have you ever been convicted of, or pleaded guilty or no contest to, a misdemeanor? No Yes*
**If Yes, describe the circumstances: _____*

Since age 18, have you ever been convicted of, or pleaded guilty or no contest to, a felony? No Yes*
**If Yes, describe the circumstances: _____*

Volunteer Skills, Interests, and Availability

Why are you interested in volunteering at our Library? _____

In what type of Volunteer Work are you interested?
Note: Applicants must be able to pass library skills testing, and to accurately arrange items in alphabetical and numerical order.

- Sorting & Shelving Books/Materials
- Unpacking Books/Materials
- Labeling Materials
- Spanish Translation
- Clerical – Copying/folding flyers; cutting bookmarks; etc.
- Assist during children’s programs (e.g., crowd control)
- Other: _____

Describe any special skills you have that may relate to the Library (e.g., shelving, foreign languages, children’s programs, computer):

Indicate your preferred branch location(s):
 Cumming Sharon Forks Hampton Park Administrative Offices (adjacent to Cumming)

What is your availability for volunteer work?
 Ongoing / Year-Round Summer Only Short-term Projects On Call (as needed)
 Specific Dates: _____

Check the time slots you are available for volunteer work:

	<u>Sun</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>
Morning	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

Any dates or times you specifically cannot work? _____

Add any comments about your availability and your schedule preferences:

APPLICANT NAME: _____ DATE: _____

Education

Please indicate all educational levels that you have completed (including major/minor fields of study):

- High School diploma or GED
- Associate's degree – in _____
- Bachelor's degree – in _____
- Master's degree – in _____
- Other Certification – in _____

Work and Volunteer Experience

Please list your current and previous work experience and volunteer experience: *(Attach additional sheet if needed)*

Name of Company	City/ST	Title / Nature of Work	Dates
Name of Company	City/ST	Title / Nature of Work	Dates
Name of Company	City/ST	Title / Nature of Work	Dates
Name of Company	City/ST	Title / Nature of Work	Dates

Add any comments about how your work and/or volunteer experience might relate to volunteering with FCPL:

References


Please provide three references:

Name	Relationship	Telephone / Email Address

ACKNOWLEDGMENT


I certify that the statements made in this volunteer application are true and correct and have been given voluntarily, and I authorize FCPL to make any investigation of my prior work, volunteer, and educational history. I understand that the information provided on this application is subject to public disclosure under the Georgia Open Records Act and this information may be disclosed to any party with legal and proper interest, and I release the Forsyth County Public Library from any liability for supplying such information. I am aware that falsification of this application or omission of complete information will result in disqualification or, upon discovery, release from volunteer service. I also understand that completion of this application does not guarantee acceptance into the volunteer program, and that in addition to completing this application I must undergo a screening process, which includes a background check.

I understand that, if I am selected as a volunteer, I will not be paid for my services as a volunteer and I am giving my time freely to the Library. I understand that my volunteer service may end at any time for any reason, with or without cause and with or without notice. I certify that I have read and understand the Volunteer Handbook (available at the library's website), and I agree to comply with the terms and conditions of the FCPL Volunteer Program.

Date _____  Applicant's Signature _____

AUTHORIZATION TO RELEASE INFORMATION TO FCPL

I have made application to perform volunteer service with the Forsyth County Public Library. I authorize my current or former employers and any agencies for whom I have performed volunteer service to give any information regarding service as an employee or volunteer. I hereby release them from any damage whatsoever for issuing same.

Date _____  Applicant's Signature _____