



# Anderson County Library Friends of the Library Volunteer Application Form



**CONTACT INFORMATION:**

Name		Date	
Address			
City	State	Zip	
Phone:		Email:	
Date of Birth			
Emergency Contact Person			
Relationship		Phone	

**EDUCATION AND EXPERIENCE:**

Current or highest level of education	
Current or most recent employment.	
Current or most recent volunteer experience(s)	

**REFERENCES:** Please provide at least 1 reference that is not a family member.

NAME	PHONE	RELATIONSHIP
1.		
2.		

**TELL US ABOUT YOU?**

Is there any medical information that you wish to share that would be helpful for the staff to know in the event of a medical emergency?		
Volunteers must be able to lift at least 25 lbs. Do you have any physical limitations such as lifting, bending, or standing for long periods of time?		
Hobbies, interest, or special skills?		
Why are you interested in volunteering at ACLS?		
Have you volunteered at this library in the past?	YES	NO
If yes, where and when?		
Many of the volunteer positions require the ability to lift at least 25 lbs. Are you able to lift 25lbs?	YES	NO
Do you agree to have a background check run?	YES	NO



# Anderson County Library Friends of the Library Volunteer Application Form



Are you a member of the Friends of the Anderson County Library?	YES	NO
As a Volunteer you can be a Friends Member for just \$5. Would you join today?	YES	NO
New Volunteers must take part in orientation and training which lasts 1 – 2 weeks on various times and days. Would you be available for orientation and training?	YES	NO

**AVAILABILITY:**

If selected as a volunteer, the volunteer coordinator will attempt to schedule you during times that fit your schedule and interests. Select slots that you are available to work. You will not be scheduled for all the slots selected, The Volunteer Coordinator will use the selected to slots to plan your training schedule and permanent schedule.

**Place and "X" in all slots that you would be available to work or train.**

LOCATION	MON. 10 a.m. – 1 p.m.	MON. 1 p.m. – 4 p.m.	TUE. 10 a.m. – 1 p.m.	TUE. 1 p.m. – 4 p.m.	WED. 10 a.m. – 1 p.m.	WED. 1 p.m. – 4 p.m.
BOOK STORE						
CAFÉ						
SUBSTITUTE						
WORKROOM						

LOCATION	THU. 10 a.m. – 1 p.m.	THU. 1 p.m. – 4 p.m.	FRI. 10 a.m. – 1 p.m.	FRI. 1 p.m. – 4 p.m.	SAT. 11 a.m. – 4 p.m.
BOOK STORE					
CAFÉ					
SUBSTITUTE					
WORKROOM					

I understand that acceptance as ACLS volunteer is selective and I certify that the answers contained in the application are true and complete to the best of my knowledge. I understand that falsification or misrepresentation may result in being disqualified from consideration or dismissal from the library. I agree to abide by the policies and regulations of the library.

Signature	Date
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***Thanks for your interest in volunteering at ACLS!***

***Return completed application to: Kelly Hargrave, Volunteer Coordinator***

FOR OFFICE USE ONLY		
Date Processed:	Accepted	Declined
Interview Conducted By:		
Background check :	YES	NO
Comments:		