



Farmville Public Library

Volunteer Application

PERSONAL INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Applicants must be at least 14 years of age to volunteer. Applicants under 18 years of age must have a parent/ guardian complete the consent section below.

Are you 18 years or old? Yes No

In case of emergency, notify _____

Telephone: _____ Relationship: _____

EDUCATION

Circle highest grade completed: 6 7 8 9 10 11 12 College (years or degrees completed) _____

Are you a student? Yes No If yes, what school do you attend? _____

TEEN VOLUNTEERS

Are you volunteering to complete hours for school? Yes No

How many hours do you need? _____ When must your hours be completed? _____

Please check the volunteer tasks that interest you?

- Assist with 1st Saturday youth programs
- Assist with 3rd Friday programs
- Assist with making/assembling program materials
- Cleaning/Straightening

**Contact Heather Harden (harden@farmvillenc.gov) with any questions.

PARENT/GUARDIAN CONSENT (for volunteers under 18 years of age)

I give permission for the above applicant to volunteer at the Farmville Public Library for a maximum of _____ hours per week. I may be contacted at _____.

Signature of Parent/Guardian _____ Date _____

ADULT VOLUTEERS

When do you wish to volunteer? (Circle all that apply)

DAY: Monday Tuesday Wednesday Thursday Friday Saturday

TIME: 10-12 11-1 12-2 1-3 2-4 3-5

Please check the volunteer tasks that interest you?

- Shelf reading
- Book sorting and packing for Friends of Library book sale
- Cleaning/Straightening
- Assist with special projects

**Contact Angie Bates (abates@farmvillenc.gov) with any questions.

▪ REFERENCE INFORMATION (for volunteers age of 18 and over)

Please provide two references from individuals not related to you:

Name: _____ Telephone: _____

Relationship: _____ Email: _____

Name: _____ Telephone: _____

Relationship: _____ Email: _____

You will be required to complete a Town of Farmville (State only) background check release.

I authorize Farmville Public Library to make inquiries as to my experience and character, and to certify that all statements made on this application are true. I also understand that there is no compensation for volunteer services performed at the library.

Signature _____ Date _____

FARMVILLE PUBLIC LIBRARY STAFF USE ONLY

Interview Date: _____ Interviewed by: _____

References Checked? Yes No Recommend for Volunteering? Yes No

Requested Start Date: _____

Additional Comments: