

## GREENUP COUNTY Public Library

## **VOLUNTEER APPLICATION**

Full Name;				Prefer:		
	Last		First	Middle		
Address:	Street Addre					Apartment/Unit #
Home/Cell Phone:	City		Ema	ail:	State	ZIP Code
'AILABILITY	<b>Y</b> : Date you	are available to beç	gin volunteer activ	ity:	_ Location:	
Days/Hours	are you avail	lable for volunteer as	ssignments:			
Weekday M	lornings (circ	cle): Monday Tuesd	lay Wednesday Ti	hursday Friday		
Weekday Ev	venings (circ	le): Monday Tuesda	ay Wednesday Ti	hursday Friday		
-		e): Saturday Sunda		-		
		e): Saturday Sunda	•			
Weekona L.	/Gillings (on o	5). Oaturday Carras	ay			
AREA OF IN	NTEREST:					
Admir	nistration _	General Librar	ry Events	Children's Prograr	ms Cl	lerical
0						
Gene	alogy	_ Other (specify)				
SPECIAL SH	KILLS AND/O	R QUALIFICATIONS	<b>S</b> :			
		and qualifications you		ough employment	nrevious volu	inteer work or other
		es or sports that will				mon, e. ca.c.

PREVIOUS VOLUNTEER EXPERIENCE:	Summarize your previous vol	unteer experience				
EMERGENCY CONTACT: Person to notify in Case of Emergency:						
Name:	Relationship:					
Address:	ss: City/State/Zip:					
Phone: Home:	Cell:	Work:				
Email Address:						
Known Medical Issues we should be awa	e					
Indicate highest grade/level of education c	ompleted:					
List any languages you speak fluently:						
List any languages you read fluently:						
Do you consent to a routine criminal back	ground check?YES	NO				
Do you have a current driver's license? _	YESNO					
AGREEMENT AND SIGNATURE:						
		e and complete. I understand that if I am accepted ations made by me on this application may result in				
	liability, claims and demands of	arge and hold harmless the library and it of whatever kind or nature which arise or may				
Volunteer Name (printed):						
W.L. 4. 20. 4		<b>-</b>				
Volunteer Signature:		Date:				