



GREENSBORO PUBLIC LIBRARY VOLUNTEER APPLICATION FORM

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone (h) _____ (c) _____ email _____

Parent/Guardian Signature (if 17 or younger) _____

Education Level _____ List any physical limitations that we should consider when matching you with volunteer jobs _____

To help us offer you the best volunteer experience, please write a brief description as to why you want to volunteer at the library. Be sure to note any special skills or interests that you have as well as previous volunteer experience and community affiliations. _____

References

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone (h) _____ (c) _____ email _____

References

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone (h) _____ (c) _____ email _____

When can you start? _____ Location Preferences _____

In case of emergency notify _____ Relationship _____ Phone _____

Have you ever been convicted of any offense against the law, including minor traffic violations? If yes, please explain the nature of the conviction and the final disposition of the case. _____

I have read, and understand and agree to the Greensboro Public Library Volunteer Policy Statement (on back). I also understand that the City of Greensboro does not provide Workman's Compensation, Medical Coverage or Liability Insurance.

Signature _____ **Date** _____