



SPARTANBURG COUNTY
PUBLIC LIBRARIES
www.infodepot.org

APPLICATION FOR VOLUNTEER SERVICE
for the SPARTANBURG COUNTY PUBLIC LIBRARIES

Date of Application _____

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Phone and Area Code _____ Home _____ Work _____

Email _____

Social Security No. (Optional) _____ Date of Birth _____

Male Female

Have you been convicted of a felony or a misdemeanor? ____Yes ____No

If yes, please explain: (A conviction will not necessarily result in the denial of Volunteer Service).

AVAILABILITY What day(s) of the week are you available to volunteer? (Circle all that apply)
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What times during these days are you available? (Circle all that apply)
 10 a.m. to noon noon to 2 p.m. 2 p.m. to 4 p.m. 4 p.m. to 6 p.m. 6 p.m. to 8 p.m.

COMMITMENT How often can you volunteer? (circle)
 Once per week Once every two weeks Once per month As needed

Volunteer Work Desired:

- | | | |
|---------------------|------------------------------------|----------------------|
| _____ Circulation | _____ Homebound | _____ Adopt-A-Shelf |
| _____ Reference | _____ Clerical Work | _____ Genealogy |
| _____ Tours | _____ Processing Library Materials | _____ Special Events |
| _____ Library Store | _____ Book Sales & Sorting | _____ Info Desk |



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Education and Experience: (Please list past volunteer experiences also)

Personal References: We need (2) with name and phone number.

I understand that consideration for Volunteer Services at the Library may be contingent upon the results of a background and reference check. I authorize the Library to make such investigations and inquiries of my personal, employment and related matters as may be necessary in arriving at its decision. I release employers, schools, and persons contacted from all liability in responding to inquiries in connection with my application for Volunteer Service.

I understand all such reports will be held in confidence.

I hereby acknowledge that I have read and understand the above statements.

Signature of Applicant

Date

**Please return to the Volunteer Services Office
Spartanburg County Public Libraries
151 Church Street**



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Spartanburg, SC 29306-3241
(864) 596-3507

IN CASE OF EMERGENCY, WHO SHOULD WE NOTIFY?

Name _____ Phone _____

Relation _____

Name of your Doctor _____ Phone _____