



Appomattox Regional Library System  
209 E. Cawson Street, Hopewell, VA 23860  
804-458-6329 x 2001 (phone) 804-452-0909 (fax)

Date  
Received \_\_\_\_\_  
Location \_\_\_\_\_

## Volunteer Application

Please Type or Print Clearly

Full Legal Name \_\_\_\_\_ Soc/Sec No \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Optional unless under 18 years of age)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Education** (Highest level attained and please include special training and skills) \_\_\_\_\_

**Work Experience** (Begin with last or most recent paid, military, or volunteer experience.)

Company	Address	Job Duties	Position	Dates employed
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**Availability** Monday Tuesday Wednesday Thursday Friday Saturday  
Times \_\_\_\_\_

(Please be as specific as possible)

Date on which you are available to begin \_\_\_\_\_

**Are your volunteer hours required for a class or school activity?** \_\_\_\_ Yes \_\_\_\_ No

IF YES, total hours needed \_\_\_\_\_ Deadline for completion \_\_\_\_\_

**Library Branch Preference** (please check your top volunteer location preferences)

\_\_ Burrowsville \_\_ Carson \_\_ Dinwiddie \_\_ Hopewell \_\_ Disputanta \_\_ Rohoic \_\_ McKenney

Burrowsville Branch  
757-866-0659

Carson Branch  
434-246-2900

Dinwiddie Branch  
804-469-9450

Disputanta Branch  
804-991-2403

McKenney Branch  
804-478-4866

Rohoic Branch  
04-732-4119

**Please check all skills/interests that apply:**

Computers: Keyboarding \_\_\_\_ (wpm) \_\_\_\_ Personal Computers \_\_\_\_ Please list all applications with which you are familiar \_\_\_\_\_

Please list all office equipment with which you are familiar \_\_\_\_\_

Foreign Languages: (please list) \_\_\_\_\_

____ Arts & Crafts	____ Clerical	____ Shelving books	____ Interviewing people
____ Help direct patrons	____ Measure, fold and cut accurately	____ Envelope stuffing	
____ Homework help	____ Reading to children; storytelling	____ Experience with writing	
____ Public speaking	____ Working with recording equipment	____ Sorting books	

**Person to Contact in case of Emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**References** (Please provide three references that can discuss your skills and character and are not related to you.)

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

**Please provide e-mail addresses above if available.** Thank you.

Have you ever been convicted as an adult of any offense against the law including misdemeanors, felonies and traffic violations? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe what offense, date of conviction, location of court proceedings, and specific sentence. (A conviction does not automatically mean your application will be declined.)

I certify that the answers contained in this application are true and complete to the best of my knowledge. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of my position as a volunteer for the Appomattox Regional Library System. My volunteer service is conditional upon completion of the application, verification of the references found on this application, and satisfactory results from a criminal background check. I am offering my services as a volunteer. If my offer is accepted, I will be entitled to no compensation for the services which I provide. I authorize Appomattox Regional Library staff to make inquiries as to my experience and character, and to certify that all statements made on this application are true.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

**Parental/Guardian consent (if less than 18 years of age):**

I grant permission for \_\_\_\_\_ to participate in the Appomattox Regional Library System volunteer program. *(Child's name)*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Approved to work as a volunteer in the Appomattox Regional Library System.

\_\_\_\_\_  
Appomattox Regional Library Deputy Director Date

**For office use only.**

Interview date \_\_\_\_\_ Interviewed by \_\_\_\_\_

Supervisor assigned \_\_\_\_\_ Date \_\_\_\_\_