



Volunteer Application Form

Please return this completed application to your nearest library location or via email to Rhonda Smith at smithrf@forsyth.cc. Volunteers are appointed based on the individual needs of each library department. We cannot always accommodate your first choice of duties or schedule and may not be able to place every applicant.

Name: _____ Email _____

Address: _____

City _____ State _____ Zip Code _____

Phone (Home/Work) _____ (Cell) _____ Best time to call: _____ a.m./ p.m.

In an Emergency, call: _____
Name Phone number Relationship

If you are a **student, please answer the following questions:

Age _____ Grade or College Level _____ School _____

What days and times are you available to volunteer?

Monday		Tuesday		Wednesday		Thursday		Friday	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.

If required to complete a specific number of hours, how many? _____ By what date? _____

Have you ever volunteered or worked for any library? _____ If yes, please list. _____

What age group would you feel comfortable assisting in your library volunteer work?

Youth Services Adult Services Senior Services

Why are you interested in volunteering at the library? _____

Which Library location would you like to volunteer at?

Carver School Road Branch, Central Library, Clemmons Branch, Lewisville Branch, Mallory/Jordan East Winston Heritage Center, Paddison Memorial Branch, Reynolda Manor Branch, Rural Hall Branch, Southside Branch, Walkertown Branch

First Choice: _____ Second Choice: _____

List two personal adult references that we may contact:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

Have you ever been convicted in any court of any offense? _____ If yes, please provide details:

Place a checkmark in the box appropriate to your skill and interest level.

	Knowledgeable And willing to do	Need training but willing to learn how	Not willing to do
General Library Work: Library greeting, conducting tours, Shelving and inspecting of nonprint materials			
Library Research: Archives/ manuscripts, creating book lists, genealogy, local history, oral history			
Program Support: Creating booklist and displays/bulletins boards, help			

Special Training & Skills Please check if you are skilled at any of the following: [] Arts and Crafts [] Indoor plant care [] Outdoor plant care [] Handyman skills [] Computer Instruction [] Other

If appointed as a Library Volunteer, I agree to cooperate with the library staff, abide by all policies of the Forsyth County Public Library and honor the schedule to which I have agreed for volunteering in the library. I authorize contacting the references listed above and understand that the omission or misrepresentation of information requested is just cause for non-appointment or dismissal as a volunteer.

Applicant Signature _____ Date _____

Parent/Guardian Signature (IF APPLICABLE) _____ Date _____

Parent/Guardian Printed Name (IF APPLICABLE) _____ Date _____

Thank you for your interest in becoming a Forsyth County Public Library Volunteer.