



Volunteer/Community Service Application – Hogansville Library

PERSONAL INFORMATION

Name _____ Email _____

Address _____

Phone (day) _____ Phone (evening) _____

You must be at least 14 years of age to volunteer. 17 years and under requires a parent/guardian signature.

If under age 18: Age _____ School _____ Grade _____

Emergency Contact Name _____

Telephone _____ Relationship _____

VOLUNTEER/COMMUNITY SERVICE INTERESTS

I am seeking this position:

_____ To become a volunteer

_____ To satisfy school/class/scholarship service requirements

of hours to complete _____ Name of school/organization _____

Contact name/telephone _____

_____ To fulfill court-ordered Community Service County/City _____

of hours to complete _____ Deadline for completion _____

Contact name/Agency _____

Telephone _____

****Troup-Harris Regional Library is under no obligation to accept court-ordered community service workers.*

AVAILABILITY

SUN (closed)	MON 10-6	TUES 10-6	WEDS 10-6	THURS 10-6	FRI 10-5	SAT 10-2

Why do you want to volunteer at the library? _____

Previous volunteer experience _____

Describe your skills, abilities, & interests _____

Please read the following agreement and sign below:

By completing this application, I wish to be considered for a volunteer/community service position with the Troup-Harris Regional Library System. I understand that the completion of this application does not guarantee acceptance into the program. I understand that in addition to completing this application, I must go through an interview/screening process.

Applicant's Signature _____ **Date** _____

NOTE: Position often require repetitive motions, such as lifting objects of various weights, standing, kneeling, and bending.

PARENTAL/GUARDIAN SIGNATURE (for applicants under age 18)

Print Name _____ Signature _____

Phone (day) _____ Phone (evening) _____

FOR LIBRARY STAFF ONLY

Date Application Received/Reviewed: _____ Interview Date: _____

Service Start Date: _____

Comments: _____

