



## Volunteer/Community Service Application – LaGrange 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 9-8	TUES 9-8	WEDS 9-7	THURS 9-7	FRI 9-5	SAT 10-5

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_