



## Application for Volunteer Service

Athens-Clarke County Libraries  
2025 Baxter Street  
Athens, GA 30606

*Thank you for your interest in volunteering at the Athens-Clarke County Libraries.*

This application, required for all volunteers, can be accepted at the front desk of the Library, by fax, mail or submitted online. For more information, please contact Sarah Hoskins at 706-613-3650 ext. 342 or shoskins@athenslibrary.org

The minimum age to volunteer is 13-years-old. Volunteers 13 to 17-years-old will be assigned to age-appropriate activities and may be required to have direct supervision of a parent or legal guardian.

*If you are volunteering to fulfill court required community service, you must contact Jeff Tate at 706-613-3650 ext. 340 for additional information and placement.*

**Date:** \_\_\_\_\_

**Name:** Mr. ( ) Mrs. ( ) Dr. ( )

Miss ( ) Ms. ( ) \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**Address:** \_\_\_\_\_ **Apartment/ Suite:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**How do you prefer to be contacted about volunteering?** ( ) E-mail ( ) Phone

**Education** (*circle last year completed*):

Grade 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

**Is this volunteer activity/service in conjunction with a school organization or program?** ( ) Yes ( ) No

**If yes, what program or organization?** \_\_\_\_\_

**Have you been convicted of a felony in the past 10 years which has not been annulled, expunged or sealed by court?** ( ) Yes ( ) No

**If yes, please explain:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Contacted: \_\_\_\_\_ Placement: \_\_\_\_\_ Training Date: \_\_\_\_\_

NOTES:

**Please indicate any area in which you would be interested in volunteering:**

- |                                                     |                                               |                                            |
|-----------------------------------------------------|-----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Library Store Clerk        | <input type="checkbox"/> Talking Books Center | <input type="checkbox"/> Special Events    |
| <input type="checkbox"/> Computer Instructor        | <input type="checkbox"/> Heritage Room        | <input type="checkbox"/> Children's Area   |
| <input type="checkbox"/> Lay Park Resource Center   | <input type="checkbox"/> Winterville Library  | <input type="checkbox"/> Pinewoods Library |
| <input type="checkbox"/> One-to-One Reading Program |                                               | <input type="checkbox"/> Other             |

**Are you proficient in any languages other than English?**  Yes  No

**Which one(s)?** \_\_\_\_\_

**Please list any computer skills you possess:** \_\_\_\_\_

**In case of an emergency, who should we contact?** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please read the following and sign below:**

*In connection with my voluntary involvement in activities undertaken for, and with the participation and support of the Athens-Clarke County Libraries, I (or child's parent or legal guardian) hereby agree, for myself, my heirs, assigns, executors, and administrators to release, discharge, and hold harmless Athens-Clarke County Libraries and its employees, agents, and volunteers from all claims, demands, actions or any cause or suit arising from injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. In addition, I agree to keep confidential any patron information or library records I may encounter. I understand that the Athens-Clarke County Libraries do not provide medical coverage for volunteers. If qualified for volunteer service, I agree to abide by the rules and regulations of the Athens-Clarke County Libraries.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Legal Guardian's Signature:** \_\_\_\_\_  
(if applicant is 13 to 17- years-old)

**Athens-Clarke County Libraries**  
2025 Baxter Street, Athens, GA 30606  
Phone: 706-613-3650 Fax: 706-613-3660  
<http://www.clarke.public.lib.ga.us/arl/support>