

OFFICE USE ONLY
(Branch or Unit)

Branch /Unit _____

Check one:
 Has been placed in unit
 Starting Date _____
 Cannot place at this time

**Atlanta-Fulton Public
Library System**
Office of Volunteer Service
 One Margaret Mitchell Square
 Atlanta, Georgia 30303-1089
 404-730-1965
 404-730-1772 FAX

OFFICE USE ONLY
(Volunteer Services)

Date Received: _____
 Via:
 U.S. Mail Walk In
 FAX Interdept.
 NB VW HB
 CR Form
 _____ date verified

APPLICATION FOR VOLUNTEER SERVICE

Mr. () Mrs. ()
 Miss () Ms. ()
 Dr. () _____ () _____ Name _____ Date _____
 (first and last name) (Preferred nickname to appear on name badge)

Address _____ Phone _____
 Apartment/Suite# _____ Pager _____
 _____ Email _____
 (city) (zip)

In an emergency, contact _____ Phone _____
 relationship _____

Present Employer _____ Your Position _____
 Address _____ Phone _____
 _____ FAX _____

Work schedule _____ May we call you at work? No _____ Yes _____

My employer offers a time-off program for volunteers My employer offers a donation matching program

Date of birth _____ (if under 18 must have year)
 Education (circle last year completed): Name of school (if student):
 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 _____

***If you are volunteering in anticipation of or to fulfill court required community service,
 you must contact Volunteer Services at 404-730-1965 for additional information prior to being placed.***

Work or volunteer experience/skills/interests/languages spoken fluently (optional): _____

Location preferred: Central Library _____ Department _____

Branch _____
(specify)

Languages spoken fluently: _____

What would you like to do in the Library? Please check one or more of the following:

- Homework Help Aide Clerical Aide Computer Lab Specialist
- Summer Reading Support Specialist Literacy Tutor Library Ambassador/Tour Guide
- Children's Program Aide English As A 2nd Language Coach Other _____
- User Survey Aide Special Events/ Projects

How did you learn about library volunteer opportunities? _____

References (other than relatives):

1. _____
(name) (address) (phone)

2. _____
(name) (address) (phone)

Time Available:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Please read the following agreement and sign below:

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of the Atlanta-Fulton Public Library, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release, discharge, and hold harmless Fulton County, its Board of Commissioners, the Atlanta-Fulton Public Library, the Library Board of Trustees, 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 Atlanta-Fulton Public Library does not provide medical coverage for volunteers. My signature gives the Atlanta-Fulton Public Library permission to check the references listed above. If qualified for volunteer service, I agree to abide by the rules and regulations of the Atlanta-Fulton Public Library.

SIGNATURE _____

DATE _____

PARENT/GUARDIAN'S SIGNATURE _____

(Volunteers under 18 years of age must have parent or guardian signature.)

DATE _____

THANK YOU FOR TAKING TIME TO COMPLETE THIS FORM.