



atlanta-fulton public library system

Take your dreams off the shelf.™

Volunteer Application

All areas with * must be completed
Complete in blue or black ink

Office of Volunteer Service

One Margaret Mitchell Sq

Atlanta, GA 30303

Phone: 404.730.1965/Fax: 404-612-0534

www.afpls.org

vol.services@fultoncountyga.gov

*Date: _____

*Have you ever volunteered with our library system before? Yes No

* Mr.

Ms.

Dr.

*First Name

Middle Name (if applicable)

*Last Name

Suffix

*Address

*Primary Phone-Circle one Mobile/Home/Work

Apartment/Suite Number

*City

*Zip Code

Alternate Phone-Circle one Mobile/Home/Work

E-mail Address

*Date of Birth M/D/Y

Employer

Position

Work E-mail Address

Work Number

____ My employer offers a time-off program for volunteering

Work Days & Hours _____

____ My employer offers a donation matching program

May we contact you at work? Yes No

Emergency Contact

*First Name

*Last Name

*Relationship

*Primary Number

Circle one: Mobile/Home/Work

Secondary Phone

Circle one: Mobile/Home/Work

Education Information

Circle highest level completed | Grade School: 6 7 8 || High School: 9 10 11 12 || Undergrad: 1 2 3 4 || Graduate: 1 2 3 4 5 |

Name of School (if currently a student): _____ Highest Degree Received: _____

*Write in the times you are available:

Mon	Tue	Wed	Thurs	Fri	Sat	Sun

Work or volunteer experience, skills, or interest: _____

*Preferred library branch/location: _____ Language(s) spoken fluently: _____

How did you learn about library volunteer opportunities? _____

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

- | | | |
|-------------------------|--|---|
| Children's Program Aide | Literacy Tutor | Special Events/Projects |
| Computer Lab Trainer | English as a Second Language (ESL) Coach | Shape-Up-The-Shelves Volunteer |
| Computer Lab Assistant | Math Tutor | African-American Culture and History Aide |
| Homework Help Aide | Spanish Teacher | (at Auburn Avenue Research Library only) |
| Library Clerical Aide | Summer Reading Support Specialist | |

*Is this volunteer service in conjunction with an organization or program (school, court, etc.) ? Yes No

If yes, name of Program: _____

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

*Have you ever been convicted of an offense against the law (omit minor traffic violations)? Yes No

If yes, list the date(s), location(s), and nature of all conviction(s): _____

(A conviction does not automatically mean you cannot volunteer. Give all pertinent facts.)

* 1st Reference—other than relative

*First Name *Last Name

*Primary Phone Number and/or E-mail Address

* 2nd Reference—other than relative

*First Name *Last Name

*Primary Phone Number and/or E-mail Address

Read the following agreement and sign below: I certify that all information given in this application is true and complete. If accepted as a volunteer, any false or misleading information or concealment of any fact may result in immediate dismissal. In connection with my voluntary involvement in activities undertaken for, and with the participation and support of the Atlanta-Fulton Public Library System, 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 System, 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, will not receive any monetary compensation from Atlanta Fulton Public Library System for my volunteer service 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 System does not provide medical coverage for volunteers and that volunteers are not covered by Workers Compensation. I give the Atlanta-Fulton Public Library System permission to check, at any time, the listed references and any other information in this application, including any criminal record history. If qualified for volunteer service, I agree to abide by the rules and regulations of the Atlanta-Fulton Public Library System.

*Signature

Parental/Guardian's Signature
(*Volunteers under 18 years old must have a parental/guardian signature.)

Thank you for taking the time to complete this form!

Official Use Only:	Received date: _____ via: US Mail Walk-in Fax Interoffice	CR	BC	IVSys	INB/HB	
	Notes: _____					
