

Statesboro Regional Public Libraries

Statesboro-Bulloch County Library

Volunteer Application

Applicants 12-18 may volunteer through our Teen Advisory Group (TAG) program. Volunteers over the age of 18 must complete a criminal background check before volunteering at the library. If you need court ordered community service hours, please fill out the Request for Community Service Form.

Name: _____ Date: _____

Birthdate: _____ Are you 18 or younger? _____ YES _____ NO

Physical Address: _____

Mailing Address (*if different*): _____

Phone Number: _____

Email: _____

ID Type: _____ Number: _____

(*Attach photocopy of government issued photo ID to this form.*)

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Why do you want to volunteer at the library? _____

What type of volunteer work are you interested in? (check all that apply):

____ General Library needs (straightening up/shelving/etc.)

____ Genealogy

____ Cleaning

____ Special events/programs

____ Other (please explain) _____

When are you available to volunteer? (check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings						
Afternoons						

I understand:

- A sex offender registry check and criminal background check may be conducted on all applicants. The applicant is responsible for any fees, which must be paid prior to running a background check.
- SRPL is a smoke-free, drug-free, and alcohol-free environment.
- I am expected to understand and comply with SRPL policies. Under Georgia state law, library volunteers are mandatory reporters of suspected child abuse.
- I will not receive payment or discounted fees for service.
- I may be terminated if I violate the Policies of the Library.

Signature: _____ Date: _____

If applicant is a minor (person under 18 years of age), this form must also be signed by parent or guardian.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date: _____

Library Staff Use Only

Review Date: _____ **Signature:** _____

Registry (<http://www.nsopw.gov>) checked on: _____

Background Check Received: Y/N Supervisor: _____

Start Date: _____ End Date: _____

Work Schedule: _____

Request a background check only if you are accepting volunteer for current service. Applications may be held for six months on an as-needed basis.

Send original of this form to Business Services with background check request. Scan a copy of this form to the Shared Folder.