



LeRoy Collins Leon County Libraries Non-Permanent Volunteer Enrollment Form

Name: _____

Address: _____

_____ Zip Code: _____

Telephone: (daytime) _____
(evening) _____

Email: _____

Social Security #: _____

Birth date: ___ \ ___ \ ___

Employer/School: _____

Emergency Contact: _____

Relationship: _____

Emergency Telephone: _____

Office Use	
Interviewer:	_____
Date:	_____
Orientation Date:	_____
Volunteer ID#:	_____
Dept Assigned:	_____
Supervisor:	_____

How did you hear about the Leon County Library Volunteer Program?

Would you like to be added to our monthly volunteer Opportunities email? Yes No

Trained volunteers are an invaluable resource during times of disaster/emergency.	
Would you be willing to help out in your community in the event of a disaster?	Yes <input type="checkbox"/> No <input type="checkbox"/>
May we refer your name to the American Red Cross for follow-up?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I authorize the volunteer Director of Leon County to verify information in this application and to perform a check of my background as it applies to the volunteer jobs in which I expressed an interest. I have no objection to having my record cleared through appropriate law enforcement agencies. I understand that all such information collected during the check will be kept confidential. _____ (initials)

I do hereby grant and convey unto VolunteerLEON-Leon County Volunteer Center all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of VolunteerLEON-Leon County Volunteer Center, or made with its consent, during my volunteering with the LeRoy Collins Leon County Public Library and/or any project, activity, or event sponsored, managed, arranged, or promoted by or otherwise affiliated or associated with VolunteerLEON-Leon County Volunteer Center, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. _____ (initials)

By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

Signature: _____ Date: _____