



LeRoy Collins Leon County Libraries Volunteer Enrollment Form

Name: _____

Address: _____

_____ Zip Code: _____

Telephone: (daytime) _____
(evening) _____

Email: _____

Birth date: ___ \ ___ \ _____

Employer/School: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Telephone: _____

What experience/background would you like to use in volunteer work?

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

What is your preferred work schedule?
Main Library hours: Monday – Thursday 10am – 9pm; Friday 10am - 6pm; Sat. 10am – 5pm; Sun. 1 – 6pm
Branch hours: Tuesday/Thursday 11am - 8pm; Wednesday/Friday 10 am - 6pm; Saturday. 10am - 4pm

Hrs Avail.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Please check your area of interest, skill, and talent:

Public Services:

- Children/Youth services _____
- Circulation _____
- Computers _____
- Extension Services _____
- The Friendship _____
- Information Desk _____
- Public Relations _____
- Storyteller/Puppeteer _____
- Volunteer Office _____
- Other (be specific): _____

Behind the Scenes:

- Artwork: _____
- Circulation (check-in, out) _____
- Clerical _____
- Collection Mgmt (limited) _____
- Computers _____
- Data Processing _____
- Sign Language Skills _____
- Shelving _____
- Video/Audio Equipment _____

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 No

REFERENCES

Please list the names, addresses, and telephone numbers of two personal references that you have known for a minimum of one year. (***Please do not use family members as a personal reference.***)

Name: _____

Address: _____

City, State, & Zip: _____

Phone: (Home) _____ (Work) _____

Office Use Comments: _____ _____

Name: _____

Address: _____

City, State, & Zip: _____

Phone: (Home) _____ (Work) _____

Office Use Comments: _____ _____

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: _____