



Leon County Libraries Youth Volunteer Enrollment Form

Name: _____

Address: _____

_____ Zip Code: _____

Telephone: (daytime) _____
(evening) _____

Email: _____

School: _____

Grade: _____ Birth date: ____ \ ____ \ ____

Emergency Contact: _____

Emergency Telephone: _____

Do you have any previous volunteer experience?

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

What is your preferred work schedule?

Library hours are:

Main: Monday – Thursday 10am – 9pm Friday 10am - 6pm Sat. 10am – 5pm Sun. 1 – 6pm

Branches: Monday 10am – 6pm Tuesday - Thursday 10am – 8pm Friday 10am - 6pm Sat. 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 _____
- Friends gift shop _____
- Information Desk _____
- Sign Language Skills _____
- Storyteller/Puppeteer _____
- Volunteer Office _____

Behind the Scenes:

- Artwork: _____
- Circulation (check-in) _____
- Clerical _____
- Computers _____
- Data processing _____
- Freetnet _____
- Public Relations _____
- Shelving _____
- Video/Audio Equipment _____

Other (be specific): _____

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

Relationship: _____

Why would you like to volunteer at the library? _____

Youth are invaluable resources to meeting the needs of our community.

Are you interested in receiving notices about service projects planned and carried out by youth? Yes No

Are you interested in youth leadership training and volunteer opportunities? 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: _____ _____ _____
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Name: _____

Address: _____

City, State, & Zip: _____

Phone: (Home) _____ (Work) _____

Office Use Comments: _____ _____ _____
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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.

Signature: _____ Date: _____