

Date Received	_____
Location	_____

Appomattox Regional Library System
 209 E. Cawson Street, Hopewell, VA 23860
 804-458-6329 x 2001 (phone) 804-452-0909 (fax)



Volunteer Application

Please Type or Print Clearly

Full Legal Name _____ Soc/Sec No _____

Date of Birth _____ (Optional unless under 18 years of age)

Address _____ City _____ Zip _____

Home phone (____) _____ Work (____) _____ Mobile (____) _____

Email _____

Education (Highest level attained and please include special training and skills) _____

Work Experience (Begin with last or most recent paid, military, or volunteer experience.)

Company	Address	Job Duties	Position	Dates employed

Availability Times Monday Tuesday Wednesday Thursday Friday Saturday

_____ (Please be as specific as possible)

Date on which you are available to begin _____

Are your volunteer hours required for a class or school activity? Yes No

IF YES, total hours needed _____ Deadline for completion _____

Library Branch Preference (please check your top volunteer location preferences)

Burrowsville
 Carson
 Dinwiddie
 Hopewell
 Disputanta
 Rohoic
 McKenney

Parental/Guardian consent (if less than 18 years of age):

I grant permission for _____ to participate in the Appomattox Regional Library System volunteer program. *(Child's name)*

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____ Phone number: _____

Approved to work as a volunteer in the Appomattox Regional Library System.

Appomattox Regional Library Deputy Director Date

For office use only.

Interview date _____ Interviewed by _____

Supervisor assigned _____ Date _____