						Date Received				
ANN'TOX REGIME	Appomattox Regional Library System 209 E. Cawson Street, Hopewell, VA 23860 804-458-6329 x 2001 (phone) 804-452-0909 (fa				860	Location				
FIRMARY SYSTE			, , , , , , , , , , , , , , , , , , ,		(- )					
HOPEWELL • DINVIDDIE PRINCE GEORGE MCKENNEY Please Type or Print Clearly										
				0						
	ull Legal Name Soc/Sec No									
Date of Birth	e of Birth (Optional unless under 18 years of age)									
Address			City		_ Zip _					
Home phone Email	()	Work (	_)	Mobile (	)					
Education (⊦	lighest leve	el attained and plea	se include sp	ecial training a	nd skills)					
Work Experie		n with last or most Address		nilitary, or volu es Po	•	,				
<b>Availability</b> Times	Monday	Tuesday Wed (Please be as spe			day	Saturday				
Date on which	h you are a	vailable to begin								
		urs required for a detection of the second sec								
Library Bran	ch Prefere	nce (please check	your top volu	Inteer location	preferenc	es)				
Burrowsvi	illeCar	son Dinwiddie	Hopewel	I Disputanta	n Ro	bhoic McKe	enney			

Burrowsville BranchCarson BranchDinwiddie BranchDisputanta BranchMcKenney BranchRohoic Branch757-866-0659434-246-2900804-469-9450804-991-2403804-478-486604-732-4119

## Please check all skills/interests that apply:

Computers: Keyboarding with which you are familiar		Personal Co	omputers	Please list all applications							
Please list all office equipment with which you are familiar											
Foreign Languages: (please list)											
Foreight Languages. (please	list)										
Help direct patrons		and cut accui ildren; storyte	rately Iling	Interviewing people Envelope stuffing Experience with writing Sorting books							
Person to Contact in case of Emergency:											
Name		Re	Relationship Mobile								
Address		Ph	one	Mobile							
<b>References (</b> Please provide th 1. Name		-									
Address:			. –								
2. Name	Phone ()		Relationship								
Address:			•								
3. Name Address:	Phone ()		Relationship								
	sees above if a	vailable That									
Please provide e-mail addresses above if available. Thank you. Have you ever been convicted as an adult of any offense against the law including misdemeanors,											
felonies and traffic violations? Yes No											
		NU									

If yes, please describe what offense, date of conviction, location of court proceedings, and specific sentence. (A conviction does not automatically mean your application will be declined.)

I certify that the answers contained in this application are true and complete to the best of my knowledge. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of my position as a volunteer for the Appomattox Regional Library System. My volunteer service is conditional upon completion of the application, verification of the references found on this application, and satisfactory results from a criminal background check. I am offering my services as a volunteer. If my offer is accepted, I will be entitled to no compensation for the services which I provide. I authorize Appomattox Regional Library staff to make inquiries as to my experience and character, and to certify that all statements made on this application are true.

Volunteer's Signature

Date

Burrowsville Branch 757-866-0659

Dinwiddie Branch Disputanta Branch 804-991-2403

McKenney Branch 804-478-4866

## Parental/Guardian consent (if less than 18 years of age): I grant permission for \_\_\_\_\_\_ System volunteer program. (Child's name) \_\_\_\_\_ to participate in the Appomattox Regional Library 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 \_\_\_\_\_

804-991-2403

804-478-4866

**Rohoic Branch** 04-732-4119