



Friends of Richland County Public Library Volunteer Application

___ 18 or older ___ Under 18

Name: _____ Home Phone: _____

Address: _____ Cell Phone/Other: _____

_____ Email: _____

Birthday: day/month _____ Occupation: _____

Emergency contact name and number: _____

I am interested in the following volunteer opportunities

- ☐ **Book Sales**
- ☐ **Author Events**
- ☐ **Fundraisers & Special Events**
- ☐ **Membership Telethons**
- ☐ **Office/Clerical Work**

How often can you volunteer? Weekly _____ Monthly _____ Other _____

Any special skills, interests, or hobbies: _____

Have you previously volunteered with the Friends of RCPL? _____ If so, what did you do? _____

Why are you interested in volunteering with the Friends of RCPL? _____

Other volunteer experience: _____

I understand that acceptance as a Friends of RCPL volunteer is selective and I certify that the answers given herein are true to the best of my knowledge. I understand that falsification or misrepresentation may result in my being disqualified from consideration or dismissal from the Friends of RCPL. I agree to abide by the policies and regulations of the Friends of the Richland County Public Library.

Signature: _____ Date: _____

If you are under the age of 18, (date of birth _____) a parent/legal guardian must complete the following:
I, _____, grant permission for _____,
to volunteer with the Friends of Richland County Public Library.

Parent's Agreement: Your child is applying to be a Volunteer with the Friends of RCPL. While this is a volunteer position, we expect your child to demonstrate a commitment to completing assigned tasks .

1. I understand that since my child is under the age of 18, he/she must be accompanied by a parent or guardian each time he/she volunteers with the Friends of RCPL.
2. I realize that volunteering with the Friends of RCPL cannot be used as a child care service.
3. I realize that I am responsible for my child when he/she is volunteering with the Friends of RCPL.
4. I verify the accuracy and completeness of the information on my child's application.

Signature: _____ Date: _____



Friends of Richland County Public Library Volunteer Agreement

Welcome! The Friends of Richland County Public Library is a nonprofit, membership organization charged with raising awareness of and support for the library. Through memberships, book sales, and other special events, the Friends of RCPL raises money to support special programs and services not available through the library's budget appropriation from Richland County. Volunteers like you are essential for successful Book Sales and Special Events. We are glad you're here!

As a volunteer, I agree to:

- Join the Friends of RCPL and maintain a current membership for as long as I am a volunteer with the organization.
- Accept decisions of the Board of Directors of the Friends of RCPL and/or RCPL staff members.
- Perform assigned tasks in a productive and professional manner.
- Record my volunteer hours on the Volunteer Chart.
- Dress appropriately. Close toe shoes are strongly recommended.
- Grant the Friends of RCPL and/or the Richland County Public Library full permission to use my name, any photographs, videos, motion pictures, or recordings obtained through the volunteer program for any publicity and promotional purposes without obligation or liability to me.

The Friends of RCPL is counting on my services. If the volunteer arrangement is unsatisfactory to me or to the Friends, I understand that either the Friends organization or I may discontinue. I also agree to abide by other appropriate procedures, guidelines, rules, and regulations. I realize that I will not receive any compensation of any kind for my services.

Volunteer's Signature

Date

Volunteer Position