

# Volunteer Application • Richland County Public Library

\_\_\_ Adult (Over 17/ high school graduate)

\_\_\_ Teen (Grades 9-12)

\_\_\_ Junior (Grades 5-8)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone/Other: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: \_\_\_ Under 10 (DOB: \_\_\_\_\_) \_\_\_ 10-18 (DOB: \_\_\_\_\_) \_\_\_ 19 or older (DOB/year optional: \_\_\_\_\_)

## Emergency Contact:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

## If you are completing community service hours, please provide the following:

Number of Hours: \_\_\_\_\_ Agency Requiring Service: \_\_\_\_\_

Completion Date: \_\_\_\_\_ Reason for Service: \_\_\_\_\_

## Location and Volunteer Preferences: *(See descriptions in Job Vacancy Notebook.)*

### \_\_\_ Main Library

\_\_\_ Circulation Assistant

\_\_\_ 1431 Assistant

\_\_\_ Children's Room Junior Volunteer

\_\_\_ Public Relations

\_\_\_ Patron Assistant

\_\_\_ Teen Advisory Board (9th-12th graders)

\_\_\_ Other \_\_\_\_\_

### \_\_\_ Blythewood Branch

### \_\_\_ North Main Branch

### \_\_\_ Southeast Regional Branch

### \_\_\_ Cooper Branch

### \_\_\_ Northeast Regional Branch

### \_\_\_ St. Andrews Regional Branch

### \_\_\_ Eastover Branch

### \_\_\_ Sandhills Branch

### \_\_\_ Wheatley Branch

\_\_\_ Branch Assistant

\_\_\_ Conversation Partner, Let's Speak English

\_\_\_ Homebound Delivery Volunteer

\_\_\_ Other \_\_\_\_\_

\_\_\_ Junior Volunteer at branch

## Availability: *(Indicate time frames in appropriate boxes, i.e. 3-5 p.m.)*

### Morning

### Afternoon

### Evening

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

*Close at 6 p.m.*

**Saturday**

*Close at 6 p.m.*

**Sunday (Main Library only)** *Closed until 2 p.m.*

*Close at 6 p.m.*

How often can you volunteer? \_\_\_ More than once a week \_\_\_ Weekly \_\_\_ Every two weeks  
\_\_\_ Once a month \_\_\_ Other \_\_\_\_\_

Other languages you can read, write, speak or understand: \_\_\_\_\_

Special skills, interests, hobbies: \_\_\_\_\_

How did you hear about the RCPL Volunteer Program? \_\_\_\_\_

If you have volunteered at RCPL before, when? Year: \_\_\_\_\_ RCPL Location: \_\_\_\_\_

Why are you interested in volunteering for RCPL? \_\_\_\_\_

**Education:** *(Current or highest level of education completed)*

School/academic institution: \_\_\_\_\_ Grade level: \_\_\_\_\_

**Work Experience:** *(Current or most recent employment experience)*

Employer/Position: \_\_\_\_\_ Dates: \_\_\_\_\_

**Volunteer Experience:** \_\_\_\_\_

**References:** *(Adults: please list two people other than relatives who know the most about your qualifications)*

Name	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____

Other information you want us to know: \_\_\_\_\_

Would you like information about membership in the Friends of RCPL? \_\_\_\_ yes \_\_\_\_ no

Is any immediate family member a current RCPL employee or volunteer? \_\_\_\_ Name: \_\_\_\_\_

*I understand that acceptance as a RCPL volunteer is selective and I certify that the answers given here 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 library. I agree to abide by the policies and regulations of the library. By signing here, I also authorize the library to use my name and photograph in library publicity materials.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**If under the age of 18,** (date of birth \_\_\_\_\_) a parent/legal guardian must complete the following:

I, \_\_\_\_\_, grant permission for \_\_\_\_\_, to volunteer at the Richland County Public Library.

**Parent's Agreement:** Your child is applying to be a volunteer at RCPL. While this is a volunteer position, we expect your child to meet his or her obligations to fulfill their commitment. We will arrange a schedule to best suit your child and RCPL. We realize that this schedule may need to be altered from time to time, and we will work with you on making appropriate changes.

1. I agree to meet my child's work schedule.
2. I realize that my child is expected to have transportation to leave at the scheduled ending time, that the library cannot be used as a child care service, and that my child should not remain except to use the library for serious purposes.
3. I realize that the library is responsible for my child only during his or her work schedule.
4. I verify the accuracy and completeness of the information on my child's application.
5. I authorize the library to take photos of my child while volunteering at the library. I understand that those photos may be used in promotional and print materials produced by and for the library, and that no payment is due for the use of those photos.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Thanks for your interest in volunteering at your library!***

**Return completed application to:**

Volunteer Coordinator, Richland County Public Library, 1431 Assembly St., Columbia, SC 29201

**STAFF USE ONLY**

\_\_\_\_ Accepted

\_\_\_\_ Declined

**Interviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_