

GEAUGA COUNTY PUBLIC LIBRARY VOLUNTEER FORM

www.geauga.library.org

NAME: _____ BIRTH DATE: ____/____/____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

Please check the volunteer activities that interest you:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Book Sale | <input type="checkbox"/> Programs | <input type="checkbox"/> Homebound Delivery |
| <input type="checkbox"/> Circulation | <input type="checkbox"/> Reception | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Displays | <input type="checkbox"/> Boxing items | <input type="checkbox"/> General Clerical |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Shelving | <input type="checkbox"/> Wherever I am most needed |
| <input type="checkbox"/> Genealogy | <input type="checkbox"/> Theme Bags | <input type="checkbox"/> Cleaning Books and/or Shelves |
| <input type="checkbox"/> Phone Calling | <input type="checkbox"/> Other _____ | |

How often do you wish to volunteer at the library ? _____

When are you available to volunteer ? Please list days of the week and times of day.

At which library (libraries) are you interested in volunteering? _____

Have you ever been convicted of a felony or a misdemeanor (other than traffic violations)?

Yes No

Emergency contact: _____ Relationship: _____

Home phone: _____ Other phone: _____

I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration and hold harmless the Geauga County Public Library from and against all claims, demands, loss of liability of any kind or nature for any possible injury incurred during service.

Signature: _____ Date: _____