

Please circle the days you are available and write the times you are available in the next column

Monday	
Tuesday	
Thursday	
Friday	
Saturday	

I would like to assist (Please check all that apply):

Kids Teens Adults Special Events Clerical Wherever I am most needed

Please list any special skills or experience you would like to offer:

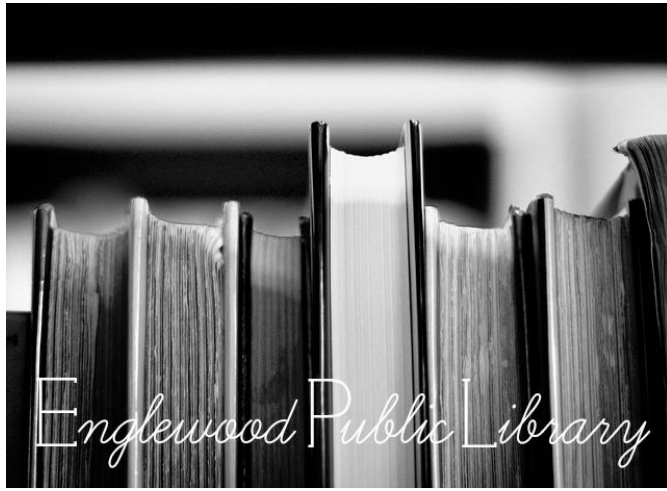
Are you limited in any activities due to health issues?

If Yes, please explain:

Tell us why you would like to volunteer at Englewood Public Library:

Please return application, **along with a copy of your driver's license or other government issued I.D.** to Englewood Public Library **in person**. The Library Director will contact you for an interview. If you have any questions, please call 423-887-7152 or Email to engpl@comcast.net.

Please Note: The Library Director reserves the right to discern who will be allowed to volunteer in the Library. Turning in an application does not make you a volunteer.



Rachael Jones – Library Director

Volunteer Application / 35 Carroll St. Englewood, TN. 37329 / (423) 887-7152

Name : _____ Date of Birth: _____

Address: _____

Phone: _____ Alternate Phone: _____

Email Address: _____ Employer: _____

Check the appropriate box below regarding your background (this will help us provide data when applying for funding) Caucasian Black Hispanic Native American Asian/Pac. Islander

Highest level of education completed: _____

Last school completed: _____

Have you ever been convicted of a crime? (misdemeanor or felony) _____

If Yes, please explain: _____

Is this volunteer service court ordered? _____

If Yes, please explain: _____

What date are you available to start volunteer service? _____

How many hours per week are you available? _____