



Volunteer Application

*Volunteers **must** complete a criminal background check before volunteering at the library.* More information on page 3.

Date (m/d/yyyy)

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Primary Telephone

Home

Work

Cell

Secondary Telephone

Home

Work

Cell

Email address

Birthdate

Age (check one)

Under 15

15-17

18+

I am applying to be a: Regular Volunteer

Intern

Court Ordered Volunteer

Have you ever been convicted of a felony?

Yes

No

If so, please explain

Have you ever been convicted of a misdemeanor (does not include traffic violations)? Yes

No

If so, please explain

What type of volunteer work are you interested in (select all that apply)?

Shelving

Friends (Book Shop)

Cleaning

Tech Help

Special Events

Library Programs

Other (please explain)

Select which branches you are willing to volunteer at (check as many as apply)

Appleby Diamond Lakes Friedman Headquarters Maxwell Wallace

Check the time slots when you are available to volunteer (check as many as apply)

Mon Tues Wed Th Fri Sat

Morning

Early Afternoon

Late Afternoon/
Early Evening

Why do you want to volunteer at the library?

Describe any skills or experience you have that may relate to the library (eg., arts and crafts, teaching/tutoring, computer, shelving, etc.)?

List the names and contact information of two (2) references (not family members)

Name Phone Email

Name Phone Email

Add any additional comments that you think would be helpful for us to know.

Please sign below when you have read and understood this statement

I understand that this information may be disclosed to any party with legal and proper interest, and I release this agency from any liability whatsoever when supplying such information. I grant the agency permission to obtain information from references which I have provided. I certify that the statements made in the volunteer application are true and correct and have been given voluntarily. I understand that misrepresentation of information may result in termination of my volunteer involvement. I understand that a sex offender registry check and a criminal background check may be conducted.

I am volunteering my time. I understand that I will not be paid for any services as a volunteer and I expect no compensation.

Signature

Date

For intern applicants only--please sign below when you have read and understood this statement:

I understand that any paperwork needed by my school or other organization will need to be discussed in advance. I understand that I will need to give ARCPLS adequate time to complete any paperwork I may need for course credit or other recognition.

Signature:

Date

For court ordered volunteer applicants only --please sign below when you have read and understood this statement:

I understand that ARCPLS only accepts court ordered volunteers who have first-offense DUI convictions.

Signature:

Date

*A sex offender registry check will be conducted on all volunteer applicants. A criminal background check is required for volunteers who will have unsupervised contact with library patrons. You **must visit** the Richmond County Sheriff's Office (400 Walton Way, Augusta, GA 30901) to obtain one. Criminal history background checks are \$10, cash only. Bring a government issued picture ID and your Social Security card in order to have your background check completed.

After receiving your background check, please bring it or mail it to:

Volunteer Coordinator
Headquarters Library
823 Telfair St
Augusta, GA 30901