

KANAWHA COUNTY PUBLIC LIBRARY VOLUNTEER APPLICATION

PERSONAL

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

Are you under 18 years of age? ____ Are you legally eligible for employment in the United States? ____

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

If so, explain: _____

Name of emergency contact: _____

Phone number: _____ Relationship: _____

AVAILABILITY

Location(s) Desired:

☐ Main Library (Charleston)

☐ Clendenin Branch

☐ Cross Lanes Branch

☐ Dunbar Branch

☐ Elk Valley Branch

☐ Glasgow Branch

☐ Marmet Branch

☐ Riverside Branch

☐ Sissonville Branch

☐ St. Albans Branch

Hours/Days you are available: _____

Please list any special skills or training that may be useful during your time as a volunteer: _____

AGREEMENT

I hereby apply to be a volunteer for the Kanawha County Public Library (KCPL), and state that:

*The information contained in this application is true and complete to the best of my knowledge and belief and I understand and agree that all information furnished in this application may be verified by KCPL.

*I will provide KCPL with a copy of my current valid government issued photo ID. I agree to both a criminal background check and a driving record check as part of the screening process, if KCPL deems they are appropriate for the volunteer position for which I am being considered.

*This is not to be considered an offer of employment. I have read and understand the above statements concerning my application to be a volunteer.

Signature of Volunteer _____ Date _____