



Volunteer Application

SECTION I

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ E-mail: _____

SECTION II

Tell us why you are volunteering and any other information that will help us make a good match (i.e. education, general interest, languages)

SECTION III

Do you have any physical condition that may limit your activities? Yes No

If yes, describe:

Who to notify in Case of an emergency? _____

Telephone number: _____

SECTION IV Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

I Am Available (Mon-Fri) Weekends One time only Other

Tell us in which area(s) you are interested in volunteering

Children Young Adult Adult Special Events

SECTION VI REFERENCE

Please list one person we may call who is NOT a family member.

Name _____ Phone _____

Address _____

Relationship _____

I hereby give my consent to contact my reference;; and to conduct a background check.

Signature _____

Signature of library representative _____



AUTHORIZATION FOR
**LIBRARY
VOLUNTEER**
CRIMINAL BACKGROUND INVESTIGATION

FULL LEGAL NAME: _____
(Please print) Last First Middle Initial

FEMALE MALE

If applicable, other names used during past five years: _____

DATE OF BIRTH: _____

CURRENT ADDRESS: _____

Please list where you have lived in the past five years:

CITY AND STATE:	DATES RESIDED:

As a volunteer candidate I understand that Clarksville-Montgomery County Public Library will conduct a criminal background investigation for volunteer purposes. If I am refused as a volunteer due to results of the background investigation, I understand that I may request an explanatory meeting with the Library Director. Such request must be made within five working days of my receipt of notice. Failure to provide complete and accurate information will be cause for disqualification/termination of volunteer service.

SIGNATURE: _____ DATE: _____