

Satilla Regional Library

Headquarters
200 S. Madison Ave., St. D
Phone 912-384-4667
Fax 912-389-4365

Douglas, Georgia 31533-5340

Counties Served
Atkinson
Coffee

Volunteer Intake Form (Required for all volunteers)

Date: _____

Volunteer Name: _____
First Middle Initial Last

Address: _____
City State Zip

Home Phone: () _____ work: () _____ cell: () _____

Email Address: _____

You must be at least 15 to volunteer. Volunteers under 18 must have a parent/guardian complete the consent section attached to this application. Age if under 18 _____.

Please Note: *Due to the nature of our patronage and potential work with children, all volunteers will be subject to a background check.*

=====

EDUCATION: Some High School HS Diploma/GED Some College College Diploma

Are you currently enrolled in school? Yes No **If yes,** please indicate:

Name of School: _____

Field of Study: _____ Anticipated Graduation Date: _____

=====

AVAILABILITY: Date Available to Start: _____

For each day, indicate times you might be available to complete a **two or three hour shift:**

Mon: ___ to ___ Tue: ___ to ___ Wed: ___ to ___ Thu: ___ to ___ Fri: ___ to ___ Sat: ___ to ___ Sun: ___ to ___

Preferred location: Ambrose Broxton Douglas Nicholls Pearson Willacoochee

=====

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____ Phone: () _____ - _____

Short Answer Questions

Please thoroughly answer all questions in complete sentences. Applications that are sloppy, illegible, or incomplete will not be considered.

1. Why are you interested in volunteering with Satilla Regional Library?

2. Describe your experience working with the public. Have you worked with parents and children in a supervised job setting before? Please provide details.

3. Do you have experience working in or using a library before? Please describe.

4. What special interests and/or skills do you have that may help us to match you with the best volunteer assignment?

5. Do you know how to use a computer? Yes No

6. Are you familiar with: Internet Word Microsoft Excel ?

7. What language(s) other than English do you speak and/or write with fluency? _____

8. How did you hear about this opportunity? _____

=====

REFERENCE INFORMATION: Personal Professional

Name (first and last): _____ Phone: _____

=====

PARENT/GUARDIAN CONSENT (for volunteers under age 18):

I give permission for the above applicant to volunteer at The Satilla Regional Library for a maximum of _____ hours per week (three hours minimum). If you need to reach me, my phone number is Day: _____ Evening: _____ Cell: _____

Parent/Guardian Signature: _____ Date: _____

=====

Please mail or drop off completed form to the Douglas/Coffee County Library, 200 South Madison Avenue Suite D, Douglas, Georgia 31533

FOR SRLS VOLUNTEER SITE SUPERVISOR ONLY

Interview Date: _____ Interviewed by: _____ Accepted: Yes No

Start Date: _____ Assignment: _____

Comments: _____