

# VOLUNTEER APPLICATION



Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Cell

Emergency Contact: \_\_\_\_\_  
Name Phone

*Volunteers are essential partners in the Camden County Library's goal to bring people, information, and ideas together to enrich lives and build community. The Camden County Library offers volunteers a fun and educational environment to perform a valuable community service.*

*Library volunteers must be at least 14 years of age. Children under 14 years of age may earn volunteer hours if they are participating through a youth organization, school or house of worship to fulfill a community service requirement.*

Volunteer Experience: \_\_\_\_\_

Interests and Skills: \_\_\_\_\_

How long do you wish to serve as a volunteer for the library?

- On a regular/ongoing basis
- For a limited time, please indicate the time frame \_\_\_\_\_
- For a defined number of hours such as for a community service project requirement  
\* Please indicate which service organization and describe the service project requirement (please attach any relevant documentation).

Which branch and or department would you like to be assigned? \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Parental/guardian permission is required for applicants aged 16 and under\***

**\*Age of volunteer, if under 16 yrs of age:** \_\_\_\_\_

I hereby give permission for my child to volunteer at the Camden County Library System.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For office use only:*

*Updated 01/2017*

*Date received:* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Email:* Y / N

*Send Original to HR*