

L. E. SMOOT MEMORIAL LIBRARY

Volunteer Application



• **Personal Information**

Name _____ E-Mail _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ Phone (Evening) _____

Parent/Guardian Consent (for volunteers under age 18. Must be at least 12 years of age)

I give permission for the above applicant to volunteer at L.E. Smoot Memorial Library for a maximum of _____ hours per week. If you need to reach me, my telephone number is _____

Signature of Parent/Guardian _____

• **Occupation and/or Education**

Highest grade completed _____ OR College (years or degrees completed) _____

Current employer and position _____

Are you a student? Yes No

• **Reference Information**

Please provide a personal or professional reference. Check one: Personal Professional

Name _____ Phone _____

Have you ever been convicted of a crime that has not been expunged or pardoned, other than a minor traffic violation? Yes No
If yes, when and for what offense? _____ (A conviction will not necessarily be a bar to volunteering. This information will be used only for volunteer-related purposes and only to the extent permitted by applicable law.)

• **Volunteer Interests**

Why do you want to volunteer? _____

I am seeking this volunteer position: _____ to satisfy school/class/scholarship community service requirements _____ to become a regular library volunteer _____ to satisfy court-ordered community service. **Please attach copy of Order.**
Have you ever volunteered at the L.E. Smoot Memorial Library before? Yes No

Please indicate your availability.

Mon: _____ to _____ Tues: _____ to _____ Wed: _____ to _____ Thurs: _____ to _____ Fri: _____ to _____ Sat _____ to _____

I agree to abide by the policies of the L.E. Smoot Memorial Library. I understand that my failure to do so may result in dismissal from the Volunteer Program.

Signature _____

Date _____

Fax or e-mail completed application to:
Volunteer Coordinator
L.E. Smoot Memorial Library
9533 Kings Highway
King George, VA 22485

E-mail/Call/Fax:
volunteer@smoot.org
540-775-2147
Fax: 540-775-3769

Volunteer Skills/Interest Inventory

Indicate those areas of skill/interest that pertain to you.
Mark as many as applicable.

Youth Services

- Crafts
- Displays
- Program Assistance
- Storytime
- Manga Club

Adult Services

- Crafts
- Displays
- Program Assistance

Reference / IT

- Database searches
- Genealogy
- Local History
- Computer Assistance
 - Internet
 - Email
 - Publisher
 - Excel
 - Word
 - Social Media
 - Resume Help
- Computer Classes

Circulation / Page

- Adopt-a-shelf (shelf reading)
- Shelving/Sorting
- Library Maintenance
- Filling book requests

Technical Services

- Book Processing (Labels)
- Books Covering
- Mending (Repairs)

Clerical / Admin Work

- Filing
- Photocopying
- Telephoning
- Creating Book Lists
- Maintaining Outdoor Sign

Please Rank the **THREE** Department's you would **PREFER** to work in:

1: _____

2: _____

3: _____

Other: _____



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