



Volunteer Application

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____

Our library hours of operation are:

Brunswick-Glynn County Library

Monday, Wednesday, Friday, Saturday:
9:30 a.m. – 5:00 p.m.

Tuesday, Thursday: 9:30 a.m. – 8:00 p.m.
Sunday: CLOSED

St. Simons Island Public Library

Monday, Tuesday, Thursday, Friday:
9:30 a.m. – 5:00 p.m.

Wednesday: 9:30 p.m. – 7:00 p.m.
Saturday: 9:30 a.m. – 1:00 p.m.
Sunday: CLOSED

What hours are you available? (Please be as specific as possible.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Is this volunteer activity/service in conjunction with a school organization, program or community service?

() Yes () No

If yes, what program, organization or community service?

Please indicate any area in which you would be interested in volunteering:

() Circulation Assistant () Materials Processor () Program Assistant

Please tell us about your interests and skills including computer skills:



Have you ever been convicted of any law violation (except a minor traffic violation?) () Yes () No

If yes, give details (a "Yes" answer does not automatically disqualify you from volunteering, since the nature of the offense, date and the job for which you are applying will also be considered):

Who should we contact in case of an emergency?

Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Relationship to You _____

I certify that the information in this application is true and complete. I understand that false statements, misrepresentations or omissions of information in this application may result in rejection of this application. The Marshes of Glynn Libraries are expressly authorized to investigate all statements contained in this application. I consent to the release of information about my ability and fitness for volunteer assignment by employers, schools, law enforcement agencies, and other individuals and organizations to authorized agents of the Marshes of Glynn Libraries.

In the event that I am selected to become a volunteer for the Marshes of Glynn Libraries, I agree to comply with all of its policies and procedures. I fully understand and agree to provide my services to the Marshes of Glynn Libraries as a volunteer in a volunteer capacity, and that I will receive no compensation or benefits for services provided.

I understand that I am NOT insured by the Glynn County Worker's Compensation Insurance and NOT covered by any medical insurance policy while I am a volunteer with the Marshes of Glynn Libraries. I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.

I hereby release the Marshes of Glynn Libraries, its officers, employees and agents from any and all claims, damages, cost or expense including attorney fees, and liability, including any claims of personal injury and property damage arising from my participation as a volunteer. I grant full permission to use any photographs, videotapes, recording, or any other record of this volunteer program for any purpose.

BY SIGNING BELOW, I AGREE THAT I UNDERSTAND AND CONSENT TO THE ABOVE STATEMENT:

Applicant Signature _____ Date _____

Date _____

Parent or Legal Guardian's Signature (If applicant is under 18 years old)