



FORSYTH COUNTY PUBLIC
LIBRARY

Forsyth County Public Library

Denmark Pre-opening Volunteer Application

Send completed application to:
HR/Volunteers
Forsyth County Public Library
585 Dahlonega Road
Cumming, GA 30040
Fax to: 770-781-8089
Email to: FCPL-Volunteers@ForsythPL.org

Date of Application: _____

Personal Information

Name: _____
Last First (Nickname)

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: Primary: _____ Secondary: _____

Email: _____

(please check your emails to ensure you receive any communications from Forsyth County Public Library (FCPL)).

Are you at least 18 years old? No* **Must be at least age 16 to volunteer. (Exceptions may be made for teen volunteers for certain activities; see details on posting.) If you are under age 18, a parent or legal guardian must sign a consent form before you begin volunteer work.*
 Yes

Have you ever: Been employed by FCPL? No Yes Dates: _____

Submitted an Employment Application to FCPL? No Yes Dates: _____

Volunteered for FCPL? No Yes Dates: _____

Submitted a Volunteer Application to FCPL? No Yes Dates: _____

Volunteer Skills, Interests, and Availability

Why are you interested in volunteering at our Library? _____

Check the time slots you are available for volunteer work:

	Mon	Tue	Wed	Thu	Fri
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any dates or times you specifically cannot work? _____

Add any comments about your availability and your schedule preferences: _____

ACKNOWLEDGMENT

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily, and I authorize FCPL to make any investigation of my prior work, volunteer, and educational history. I understand that the information provided on this application is subject to public disclosure under the Georgia Open Records Act and this information may be disclosed to any party with legal and proper interest, and I release the Forsyth County Public Library from any liability for supplying such information. I am aware that falsification of this application or omission of complete information will result in disqualification or, upon discovery, release from volunteer service. I also understand that completion of this application does not guarantee acceptance into the volunteer program, and that in addition to completing this application I must undergo a screening process, which includes a background check.

I understand that, if I am selected as a volunteer, I will not be paid for my services as a volunteer and I am giving my time freely to the Library. I understand that my volunteer service may end at any time for any reason, with or without cause and with or without notice. I certify that I have read and understand the Volunteer Handbook (available at the library's website), and I agree to comply with the terms and conditions of the FCPL Volunteer Program.

Date _____ Applicant's Signature _____

AUTHORIZATION TO RELEASE INFORMATION TO FCPL

I have made application to perform volunteer service with the Forsyth County Public Library. I authorize my current or former employers and any agencies for whom I have performed volunteer service to give any information regarding service as an employee or volunteer. I hereby release them from any damage whatsoever for issuing same.

Date _____ Applicant's Signature _____

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