

Sampson-Clinton Public Library Volunteer Application

Library Staff Use
Placement:
Date:

Thank you for your interest in volunteering at SCPL. Information contained in this form will be used to match your interests and abilities with any available library volunteer opportunities. SCPL offers volunteer positions for adults 17 and older and student intern positions for those in high school needing to acquire hours to fulfill school or civic group requirements. Because everyone working in the library has close contact with children of all ages, all library volunteers are required to pass a background check using the information provided below. The information you provide in this application will be kept strictly confidential.

Writing legibly and printing, please fill out all spaces, sign and date the application, and return to:

Sampson-Clinton Public Library, ATTN: Library Director, 217 Graham St., Clinton, NC 28328.

For more information, please see our Volunteer Policy or contact Johnnie Pippin at 910-592-4153 or scpl@intrstar.net

Personal Information									
Name:									
Last	First	Middle	Suffix (male) or Maiden Nar	me (female)					
Street Address:		City	State	Zip					
Mailing Addross		·		·					
ivialiling Address		City	State	Zip					
Home Phone: Work/Cell Phor		hone:	E-Mail:						
Library Card Numbe	er:	Date of Birth:							
If you have lived in	North Carolina for less than a year	nloggo provido vous pr	wious address and how long vo	u lived there					
-	•		_ ·						
Address:		Citv	How long? State Zip						
Have you ever beer	charged with a crime that resulte w violation (except minor traffic vi	d in a plea of guilty, no c	ontest, deferred judgment, defe						
f YES, list for each o	conviction the following:								
Date of Offense	Charge	Jurisdiction	Court Name	Disposition					
		Work Experience							
Name of Organizat	ion:	Address:							
Dates of Employme	ent:	Supervisor's Name:	Phone Num	ber:					
Duties:									
Daties.									

Work Experience, Con't.						
Name of Organization:	Address	:				
Dates of Employment:	Supervisor's Nam	ne:	Phone Number:			
Duties:						
References ** Persons under the age of 18 will provide two adult, non-relative references **						
Name:	Relationship:		Phone Number:			
Name:	Relationship:		Phone Number:			
	Background and	Interests				
Do you have any previous library expell fyes, please describe:	rience, volunteer or salaried?	YESNO				
Describe the skills, education, interest	s, or training that you have and v	would like to use as a librar	y volunteer:			
Are you hoping to fulfill an educational If yes, please describe:	ıl or civic requirement?	YESNO				
Which type of volunteer position are y	you interested in?Short	-term (a few months)	Regular commitment			
How many hours can you give on aver	age?WeeklyN	Monthly				
Which library branch are you intereste	ed in serving?Clinton _	GarlandN	ewton GroveRoseboro			
	(Check all that apply) (9-12)Early AfternoonMorning (8-11)					
Please check all of the below tasks you During your interview, the library's ne	,	· · · · · · · · · · · · · · · · · · ·	-			
Shelving books / materials		Reading / maintaini	ng book / materials shelves			
Processing materials (preparing	new items for checkout)	Material maintenan	- '			
Assist with weeding of collection		General clerical assi				
Assist with Children's programm	_	Assist with craft pre	•			
Assist with genealogy/local histo		Lead book discussio	- '			
Assist patrons with catalog sear		Web page design / r				
Assist patrons with matching bo	_					
Library decoration (bulletin boa			nts during or after library hours			
Conduct group or individual tou	rs of the library	Assisting with long-t	term special projects.			

If you have skills or interests no time to consider what you may		•			g your intervie	w. To allow us
Please sign below when you h If this application is not comple made on the availability, skills, for one year.	etely filled out, yo	ou may not be cor	sidered for volunt	eer service with o	ur library. Plac	
I grant the library permission t the statements made in this vo resentation of any information	olunteer applicati	on are true and co	orrect and have be	•	_	•
I am volunteering my time for no compensation. I understal for the position under the san	nd that if I apply i	for any paid posit	ions that may bec			
Applicant's signature				_ Date		
For applicants age 17 and you My son or daughter has my p volunteers at the library base she will be able fulfill the wor position.	ermission to serv d on the needs o	e the library as a f the library and t	volunteer or as a she	nin the SCPL Volui	nteer Policy. I	certify that he/
Parent/Guardian signature				Date		
		Library	Use Only———			
Volunteer Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday (Clinton Only)
Morning (9 - 12)						(22
Early Afternoon(12 - 3)						

Late Afternoon (3 - 6)