

SEMINOLE COUNTY LIBRARY SERVICES DEPARTMENT  
VOLUNTEER APPLICATION

(Circle One) Youth or Adult \_\_\_\_\_  
(Circle One) Male or Female (Branch)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business \_\_\_\_\_

Email address \_\_\_\_\_ Are you employed? \_\_\_\_\_

POSITION(S) IN WHICH YOU ARE INTERESTED (please check one or more):

\_\_\_\_\_ Circulation Unit Aide

\_\_\_\_\_ Youth Services Aide

\_\_\_\_\_ Technical Services Aide

Number of hours per week you are available to work (not less than 4): \_\_\_\_\_

Are you available to work:

\_\_\_\_\_ Saturdays \_\_\_\_\_ Sundays \_\_\_\_\_ Evenings \_\_\_\_\_ Afternoons \_\_\_\_\_ Mornings

Do you: \_\_\_\_\_ Type? Words per minute? \_\_\_\_\_

\_\_\_\_\_ Operate a copy machine?

\_\_\_\_\_ Speak OR read a foreign language? Which ones? \_\_\_\_\_

Other skills or talents useful to the Library Services Department? \_\_\_\_\_

Can you: \_\_\_\_\_ Lift up to 25 pounds?

\_\_\_\_\_ Stand for up to 4 hours at a time?

EDUCATION: Are you a high school graduate? \_\_\_\_\_

College (number of years completed?) \_\_\_\_\_ Degree earned? \_\_\_\_\_

Other training or certification? \_\_\_\_\_

WORK EXPERIENCE: Please list position worked that you consider useful to a library volunteer, most recent first.

Position Title: \_\_\_\_\_ Dates worked: \_\_\_\_\_

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

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

Nature of duties: \_\_\_\_\_

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Position Title: \_\_\_\_\_ Dates worked: \_\_\_\_\_

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

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

Nature of duties: \_\_\_\_\_

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(Please use additional sheet, if necessary.) Please explain briefly, why you would like to volunteer in the library. \_\_\_\_\_

Seminole County is authorized to verify any or all of the information contained in this application. All statements are subject to investigation, and a criminal background check will be conducted. Your application may be subject to inspection in accordance with Florida Public Records Law, Chapter 119, Florida Statutes.

Please complete the following:

Legal Name: \_\_\_\_\_  
(First) (MI) (Last)

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Length of residence in the State of Florida: \_\_\_\_\_

Other states of residence in the last five (5) years: (Full Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I agree to abide by and comply with all rules, regulations, policies, and procedures of Seminole County and the Seminole County Library Services Department.*

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Signature

Date