



Volunteer Application

Return completed application to:

Volunteer Coordinator • 508 N. Cusick St. • Maryville, TN • 37804
BCFOLvolunteers@gmail.com

Applicant Information

Name (First / MI / Last)		Today's Date
Mailing Address		Home Phone
City / State / ZIP		Cell Phone
E-Mail		Birth Date
Driver's License #	Issuing State	Expiration Date
Do you have any physical limitations that should be taken into consideration when arranging volunteer assignments for you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, elaborate:		Fluent in a language other than English?

Education / Background

Education (Check highest level completed)

<input type="checkbox"/> Less than High School	<input type="checkbox"/> Some College (not graduate)	Degree(s) Received _____
<input type="checkbox"/> High School Graduate / GED	<input type="checkbox"/> College Graduate	Major Field of Study _____
<input type="checkbox"/> Tech/Voc/Certificate Program	<input type="checkbox"/> Graduate School	

I Am Currently: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student	Employer or School
	Occupation or Major
	Special Skills / Certifications

How did you learn of the volunteer program at the library?

Have you ever been convicted of a criminal offense other than minor traffic violations? Yes No
If Yes, please explain:

If your volunteer service is required to fulfill a community service obligation, please provide the following information:

My Service is Required For: School Court-Ordered Other: _____

Total Hours Required	Completion Deadline	If court-ordered, what was the nature of your offense?
Person & Agency Hours are Reported to:		Phone

Emergency Contact Data

Name (First / Last)	Relationship
Mailing Address	Phone

Interest & Availability

Which volunteer position are you applying for?

See full position descriptions at www.BCFOL.org

Indicate the day or days of the week and the time of day you prefer to work. If your scheduling is flexible, please check all of the boxes that apply.

	MON	TUE	WED	THU	FRI	SAT	SUN
Mornings (9a - Noon)							X
Afternoons (12p - 5p)							
Evenings (5p - 9p)					X	X	X

I Am Able to Commit to:

- Regular, ongoing jobs (*requires a 6-month commitment of at least four hours per month*)
- Part-time, ongoing jobs (*requires a 3-month commitment of at least two hrs per month*)
- On-call and special assignments (*no time commitment required, but placements are limited in this category*)

Volunteer Conduct Agreement

Name badges must be worn by volunteers while on duty. I agree to conduct myself in a professional manner when representing and volunteering for Blount County Friends of the Library (BCFOL). While working as a volunteer, I will not be under the influence of alcohol or drugs, nor will I bring any of these items onto the premises. Violation of this condition is cause for immediate dismissal.

BCFOL wishes to provide a fun, enjoyable volunteer experience. Therefore, I agree to bring any problems or conflicts related to my volunteer position to the attention of the Volunteer Coordinator. Harassment of any kind towards anyone ever is grounds for immediate dismissal from the volunteer program.

If accepted as a volunteer, I agree to work and act only within the scope of my volunteer assignment as agreed upon between my supervisor and me. I agree to meet time and duty requirements and to provide adequate notice when commitments cannot be met.

I understand that I am not an employee; any duties that I perform are in a volunteer capacity. I will not be paid for my services as a volunteer and expect no compensation. I certify that the information provided on this application is true and complete. Furthermore, I understand that misrepresentation, falsification, or omission of information may disqualify my application from further consideration or may result in my termination as a volunteer for BCFOL. I also understand that it is my responsibility to provide BCFOL with ongoing updates of any changes to this information.

If accepted as a volunteer, I agree to comply with all of the policies, rules and regulations set-forth and observed by the Library and by BCFOL. By my signature below, I authorize BCFOL to conduct a background check of my criminal record. Lastly, I give my consent to BCFOL to use interviews, photographs, or video of myself (or my child) for promotional and educational purposes in the media.

Signature	Date
Parent or Guardian (if Under Age 16)	Date

Interview Notes: