



Volunteer Application

Blount County Friends of the Library • 508 N. Cusick Street • Maryville TN • 37804

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address City State Zip

Phone: _____ Email _____

Do you have any physical limitations that should be taken into consideration when arranging volunteer assignments for you? If yes, please elaborate:

Education / Volunteer Service Information

Education _____ Indicate your highest level completed _____ Are you fluent in a language other than English? _____ Please identify the language(s): _____

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

Total Hours Required: _____ Completion Deadline: _____ Person/Agency Hours are reported to. Give contact information including phone number. _____

Emergency Contact Information

Name _____ Phone _____

Volunteer Conduct Agreement

I agree to conduct myself in a professional manner when representing and volunteering for Blount County Friends of the Library (BCFOL). 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.

I agree to meet time and duty requirements and to provide adequate notice when commitments cannot be met. Name badges must be worn by volunteers while on duty.

I understand that I am not an employee: any duties that I perform are in a volunteer capacity receiving no pay or compensation. I certify that the information provide on this application is true and complete.

If accepted as a volunteer, I agree to comply with all policies, rules, and regulations set forth and observed by the Library and by BCFOL.

Signature: _____ Date: _____

For BCFOL Use Only

Received by _____ Date _____