

SEMINOLE COUNTY PUBLIC LIBRARY VOLUNTEER APPLICATION

Address:	City:	Zip:
Cell Phone #:	Home #	
Email:	Are you employe	ed? Yes or No (Circle one)
Preferred Branch (Circle preference	re) Central East N	lorth Northwest West
Positions in which you are interest	ed in (Check all that apply)	
Circulation Aide	Youth Services Aide	Tech Services Aide
Number of hours per week you are	e available to work (not less than	four)
Days available to work: Sun I	·	·
Availability (Circle one) Mor	ning Afternoon	Evening
Do you speak OR read another lan	guage other than English? Yes or	No (Circle one)
Which ones:		
Can you lift up to 25 pounds? Yes	or No (Circle one)	
Can you stand up to 4 hours at a ti	me? Yes or No (Circle one)	
Why are you interested in being a	volunteer with Seminole County	Public Library?
What skills on tal anta da var ha	that may be ready by the the Library	v oc o volunta s z 2
What skills or talents do you have	that may be useful to the Library	as a volunteer?

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WORK EXPERIENCE Please list positions that you would consider useful to a library volunteer, most recent first Employer Name: _____ Dates worked: _____ Employer Address: ______ Position Title: _____ Describe your duties: _____ Employer Name: _____ Dates worked: _____ Employer Address: _____ Position Title: _____ Describe your duties: _____ **EDUCATION** Are you a high school graduate? Yes or No (Circle one) Are you a college graduate? Yes or No (Circle one) Degree earned? _______ Other training or certification: Seminole County is authorized to certify any or all of the information contained in the application. All statements are subject to investigation and a criminal background check will be conducted. You application may be subject to inspection in accordance with Florida Public Records Law, Chapter 119, Florida States. Legal Name: First MI Last Date of birth: Social Security Number: _____ Length of residence in Florida: Other states of residence in the last five years (Please list full address) Emergency Contact Name: Emergency Contact Phone:______ Relationship: _____ I agree to abide by and comply with all rules, regulations, policies and procedures of Seminole County and

the Seminole County Library Services Department.

Signature Date