

VOLUNTEER APPLICATION



Today's Date: ____/____/____

Name: _____

Address: _____

Email: _____

Phone: _____
Home Cell

Emergency Contact: _____
Name Phone

Volunteers are essential partners in the Camden County Library's goal to bring people, information, and ideas together to enrich lives and build community. The Camden County Library offers volunteers a fun and educational environment to perform a valuable community service.

Volunteer Experience: _____

Interests and Skills: _____

How long do you plan to serve as a volunteer for the library?

- On a regular/ongoing basis
- For a limited time
- For a defined number of hours as a community service requirement _____

Where would you like to be assigned? _____
Branch

Volunteer Signature: _____ Date: _____

Parental/guardian permission is required for applicants aged 16 and under

Age of volunteer: _____

I hereby give permission for my child to volunteer at the Camden County Library System.

Parent/Legal Guardian Signature: _____ Date: _____

For office use only:

Updated 6/2013

Date received: ____/____/____

Email: Y / N

Send Original to HR