



SEMINOLE COUNTY PUBLIC LIBRARY VOLUNTEER APPLICATION

Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone #: _____ Home # _____

Email: _____ Are you employed? Yes or No (Circle one)

Preferred Branch (Circle preference) Central East North Northwest West

Positions in which you are interested in (Check all that apply)

_____ Circulation Aide _____ Youth Services Aide _____ Tech Services Aide

Number of hours per week you are available to work (not less than four) _____

Days available to work: Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

Availability (Circle one) Morning Afternoon Evening

Do you speak OR read another language 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 time? Yes or No (Circle one)

Why are you interested in being a volunteer with Seminole County Public Library?

What skills or talents do you have that may be useful to the Library as a volunteer?
