



CLARKSVILLE-MONTGOMERY COUNTY

# PUBLIC LIBRARY

Where Books Are Just The Beginning

## Volunteer Application

### SECTION I

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### SECTION II

Tell us why you are volunteering and any other information that will help us make a good match (i.e. education, general interest, languages)

### SECTION III

Do you have any physical condition that may limit your activities?  Yes  No

If yes, describe:

Who to notify in Case of an emergency? \_\_\_\_\_

Telephone number: \_\_\_\_\_

### SECTION IV Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

I Am Available  (Mon-Fri)  Weekends  One time only  Other

Tell us in which area(s) you are interested in volunteering

Children  Young Adult  Adult  Special events

### SECTION VI REFERENCE

Please list one person we may call who is NOT a family member.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

I hereby give my consent to contact my reference; and to conduct a background check.

Signature \_\_\_\_\_

Signature of library representative \_\_\_\_\_



CLARKSVILLE-MONTGOMERY COUNTY

# PUBLIC LIBRARY

350 Pageant Lane | Suite 501 | Clarksville, TN 37040  
Phone: (931) 648-8826 | Fax: (931) 648-8831

AUTHORIZATION FOR

# LIBRARY VOLUNTEER

CRIMINAL BACKGROUND INVESTIGATION

**FULL LEGAL NAME:** \_\_\_\_\_

(Please print)

Last

First

Middle Initial

FEMALE

MALE

If applicable, other names used during past five years: \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

Please list where you have lived in the past five years:

CITY AND STATE:	DATES RESIDED:

As a volunteer candidate I understand that Clarksville-Montgomery County Public Library will conduct a criminal background investigation for volunteer purposes. If I am refused as a volunteer due to results of the background investigation, I understand that I may request an explanatory meeting with the Library Director. Such request must be made within five working days of my receipt of notice. Failure to provide complete and accurate information will be cause for disqualification/termination of volunteer service.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_