

Today's Date: _____



Alachua County Library District Volunteer Form

Attention: Volunteer Program Specialist

Headquarters Library, 401 East University Avenue

Gainesville, Florida 32601

352-334-3943 (VOICE) 352-334-3904 (TDD) 352-334-3920 (FAX)

Name: _____ Date of birth: _____

Street Address: _____ E-Mail: _____

City/State/Zip: _____ Home Phone: _____

Employer/School: _____ Work Phone: _____

Education (circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 4+

General Skills (does not need to be "library specific"): _____

Work Experience (paid and/or volunteer positions): _____

How were you referred here? _____ Website _____ Teacher/School _____ SCSEP
_____ R.S.V.P _____ Alachua County Court Services _____ Other (specify): _____

Location Desired:

- _____ Headquarters (Downtown Gainesville)
- _____ Alachua Branch (City of Alachua)
- _____ Archer Branch (Town of Archer)
- _____ Hawthorne Branch (Town of Hawthorne)
- _____ High Springs Branch (Town of High Springs)
- _____ Library Partnership (1130 NE 16 Av, Gainesville)
- _____ Micanopy Branch (Town of Micanopy)
- _____ Millhopper Branch (3145 NW 43 St, Gainesville)
- _____ Newberry Branch (Town of Newberry)
- _____ Tower Road (3020 SW 75 St, Gainesville)
- _____ Waldo Branch (Town of Waldo)
- _____ Friends of the Library Book House (430 N. Main Street, Gainesville)

Type of tasks preferred: _____ Shelving _____ Materials Mending _____ Homework Help
_____ Literacy Tutor _____ Computer Aide _____ Mail Room _____ Clerical
_____ Other (specify) _____

Number of hours desired per week (2 – 20): _____ Best time: _____ morning _____ afternoon _____ evening

Best day(s) (circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Volunteer Name: _____

Emergency Contact: _____ Ph: _____ Relationship: _____

Applicant's Signature _____ Date _____

Signature of Parent or Guardian _____
(Signature and Hold Harmless signature required if under 18 years old)

Background Check (*Adults only. Minors under 18 will need to provide an Alachua County Library District Letter of Reference form available from the Volunteer Program Specialist. Library District Volunteer Forms are public records. Florida's Public Records Law may require the disclosure of this information upon request.*)

Local Reference: _____ Ph: _____ Relationship: _____

List any name, other than the name on this application, that others may know you by, such as a nickname or married name:

Social Security Number: XXX-XX- ___ __ __

Driver's License Number or Picture ID Number: _____

Issued by what state? _____ Expiration Date: _____

Have you ever been convicted of a crime or had adjudication withheld in a criminal offense, or are there any criminal charges pending against you now?

No _____ **Yes** _____ **If yes**, complete a listing of all convictions against you in a court of law (other than parking). You may omit any offense committed prior to your 18th birthday, which was finally adjudicated in juvenile court, or under a youth offender law.

Date	Place or Occurrence	Charge/Violations	Actions	Remarks
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Date	Place of Occurrence	Charge/Violations	Actions	Remarks
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An extended background check may also be required.

Do Not Write Below This Line -- Library Staff Use Only

Referred to: _____ By: _____ Date: _____
Volunteer Program Specialist

Background Check _____ Reference/Parental Permission _____ Placement Date: _____ End Date: _____

Dept.: _____ Supervisor: _____ Phone: _____

Please return to: Alachua County Library District Volunteer Program Specialist, 401 E. University Ave., Gainesville, FL 32601 (352) 334-3943