

Galax-Carroll Regional Library

Galax\_\_\_\_\_

**Volunteer Application**

Carroll\_\_\_\_\_

GCRL form IV.F.a

1/2019

Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:\_\_\_\_\_

\_\_\_\_\_

Referred by?\_\_\_\_\_

Education: HS          College          Library Services          Other

Volunteer service: No \_\_\_ Yes \_\_\_ Where?\_\_\_\_\_

Do you have any physical limitations? (we will be glad to work with you)  
\_\_\_\_\_No    \_\_\_\_\_Yes    How can we help?\_\_\_\_\_

Do you drive?    \_\_\_\_\_Yes    \_\_\_\_\_No    Have other transportation?\_\_\_\_\_

Day(s) available: Mon    Tues    Wed    Thurs    Fri    Sat

Best Times:\_\_\_Mornings    \_\_\_\_\_Afternoons    \_\_\_\_\_Early Evening

Have you ever worked in a library before?    \_\_\_\_\_No    \_\_\_\_\_Yes

Library work experience?\_\_\_\_\_

In what area would you like to work with us?

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Office Use Only

Date of personal interview\_\_\_\_\_ Date of Orientation\_\_\_\_\_ Staff\_\_\_\_\_