



Pasquotank County Library

Your source for Information, Education and Entertainment

Kellen Whitehurst
County Librarian

Denzil Phillips
Administrative Assistant

Please check the appropriate box if you have to do required

Community Service

Court-Ordered Community Service

Volunteer Information:

Name:		Phone #:
Address:		
City:	State:	Zip:

Parent or Guardian Information if applicant is a minor:

Name:		
Address:		
City:	State:	Zip:

Work Experience, Special Interest, Hobbies:

Educational Background/Special Skills:

<input type="checkbox"/>	High School Graduate	<input type="checkbox"/>	Typing
<input type="checkbox"/>	College Degree	<input type="checkbox"/>	Word Processing
<input type="checkbox"/>	Graduate Degree	<input type="checkbox"/>	Arts & Crafts
<input type="checkbox"/>	Vocational School	<input type="checkbox"/>	Other

Availability:

Days			
Time of Day	Morning	Afternoon	Evening



Pasquotank County Library

Your source for Information, Education and Entertainment

Other:

Professional, Business, or Civic Activities

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not necessarily disqualify applicant for volunteer position) YES NO
(If yes, explain fully)

References:

Name	Address	Phone
Name	Address	Phone

Emergency Contact:

Name	Relationship	
Address		
City	State	Zip
Day Phone	Evening Phone	

Agreement:

The Pasquotank County Library certainly appreciates your willingness to volunteer your services to assist the Library, its patrons, and the community. In signing this form as a Volunteer you are acknowledging that your services for the Library, does not entitle you to compensation or any fringe benefits. It is expressly understood that you are not an employee or agent of the Library. The Library may terminate the volunteer agreement with you at any time. While on Library premises you will agree to abide by all of the rules of conduct governing a Pasquotank County employee. As a volunteer, you hereby acknowledge that you will perform your services in good faith and to the best of your ability under the general guidelines provided to you.

Signed	Date
--------	------

For Office Use Only:

Date	Department
Exit Date	Reason
Library Director's Signature	Administrative Assistant's Signature