



# Pasquotank County Library

Your source for Information, Education and Entertainment

Kim Perry  
County Librarian

Julian Sawyer  
Branch Manager

## Volunteer Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Work Experience, Special Interest, Hobbies:

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### Educational Background / Special Skills:

- High School Degree       College Degree       Graduate Degree  
 Typing       Word Processing       Arts & Crafts

Other : \_\_\_\_\_

### Availability:

- Monday     Tuesday     Wednesday     Thursday     Friday  
 Morning       Afternoon       Evening



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**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: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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 \_\_\_\_\_ Administrative Assistant \_\_\_\_\_