

Chesterfield County Public Library Volunteer Application

Date: _____

Personal Information

First Name: _____ Last Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

Under 18 years of age? Yes No

If you are under 18, what is your date of birth? _____

Emergency Contact

First Name: _____ Last Name: _____

Phone: _____ Alternate Phone: _____

Volunteer Information

Please check the library where you would like to volunteer:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bon Air Library | <input type="checkbox"/> Enon Library | <input type="checkbox"/> Midlothian Library |
| <input type="checkbox"/> Central Library | <input type="checkbox"/> Ettrick-Matoaca Library | <input type="checkbox"/> North Courthouse Road Library |
| <input type="checkbox"/> Chester Library | <input type="checkbox"/> LaPrade Library | |
| <input type="checkbox"/> Clover Hill Library | <input type="checkbox"/> Meadowdale Library | |

When are you able to start volunteering? _____

How often are you interested in volunteering? Daily Weekly Monthly As Needed

Which would you prefer? A short-term project or event An ongoing position

Please fill in your availability:

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8 a.m.-noon)						
Afternoon (noon-5 p.m.)						
Evening (after 5 p.m.)						

Are you volunteering for school credit? Yes No # of hours needed? _____

Are you a court-mandated volunteer? Yes No # of hours needed? _____

How did you hear about this volunteer program?

References

Please provide two personal or professional references with contact information.

1. Name: _____ Email Address: _____ Phone: _____

2. Name: _____ Email Address: _____ Phone: _____



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Education History

Please fill your education history starting with the most recent:

School Name and Location	Dates Attended	Credits/Grade Completed	Area of Study, if applicable

If you did not graduate high school, do you have a GED? Yes No

Please list any certifications, licenses, or memberships that may be relevant to your application. _____

Employment History

Current Employment Status: Full-time Part-time Retired Student Other

Current/Most Recent Employer _____ Title/Position _____

Work Address _____ Phone _____

Are you a current/former employee of Chesterfield County? Yes No

If yes, which department _____ Name when employed _____

Background Verification

Have you ever been convicted of a felony? Yes No If yes, please explain _____

CERTIFICATION OF APPLICATION INFORMATION

I certify that the information I have provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time, and I agree to hold Chesterfield County, its officials and employees harmless in that event.

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

I authorize Chesterfield County to conduct a background investigation in connection with my application for volunteering. This investigation may include information as to my criminal history, schools attended, Division of Motor Vehicles records, present/past employers, professional references, and other appropriate sources. Criminal background checks will be conducted on volunteers in Juvenile Services positions. Volunteers in these categories will be required to submit to fingerprinting which will be forwarded to the Federal Bureau of Investigations. I authorize the release of any information that Chesterfield County may request from the above sources. All information received by the County will only be used in accordance with applicable law.

Signature _____ Date _____

Parent/Guardian Signature, if applicant is under 18 _____

Submission

Please submit signed volunteer application form by **mail** or **email** to:

Volunteer Program Coordinator
Chesterfield County Public Library
P.O. Box 297
Chesterfield, VA 23832

Email- CCPLHR@chesterfield.gov
Phone- (804) 748-1601

For Office Use Only

Date Received	Applicant Contacted	<input type="checkbox"/> Background Check 18+ <input type="checkbox"/> Parental Consent <input type="checkbox"/> Confidentiality Statement <input type="checkbox"/> Volunteer Agreement <input type="checkbox"/> Handbook Acknowledgement <input type="checkbox"/> Logged & Scanned <input type="checkbox"/> Sent to Department <input type="checkbox"/> Interviewed <input type="checkbox"/> Onboarded <input type="checkbox"/> Yes <input type="checkbox"/> No
Position		