

Calling all Volunteers

We need your help with our Summer Food Program that will be taking place June 3, 2019 – August 2, 2019.

This is a partnership with the Spartanburg Housing Authority to provide children in our community a free meal during the summer months. Libraries, the leader in the fight against summer learning loss, are natural partners and ideal sites for Summer Meals. By combining meals with reading programs, library-based Summer Meal sites nourish children's minds and bodies!

Our program will take place at the Headquarters Library as well as the Pacolet and Woodruff branches. This program will serve children 5 - 18 years of age lunches from June 3 - August 2, 2019 (Monday - Friday) from 11:30am - 12:30pm.

In order to participate as a volunteer, you must receive the Summer Meal Program Food Service Training. To sign-up, please fill out our Volunteer Application. Our volunteer

department will then run a background check and call or email to schedule you for the Summer Meal Program Food Service Training. Below is the current list of trainings available.



Headquarters Training:

4/11/2019 from 9:00:00 am to 11:00:00 am at HQ

5/8/2019 from 9:00:00 am to 11:00:00 am at HQ

5/8/2019 from 1:00:00 pm to 3:00:00 pm at HQ

5/9/2019 from 1:00:00 pm to 3:00:00 pm at HQ

Pacolet Training:

4/11/2019 from 2:00:00 pm to 4:00:00 pm

Woodruff Training:

4/19/2019 from 9:30 am to 11:30 am

For more information on volunteering please contact Evelyn Parks at (864) 596-3514 or Gillian Gelders at (864) 596-3500, ext. 1212

For more information on the Summer Food Program please contact Emily Embry at (864) 498-7019 or by email: emilye@infodepot.org



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***APPLICATION FOR VOLUNTEER SERVICE
for the SPARTANBURG COUNTY PUBLIC LIBRARIES***

Date of Application _____

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Phone w/ Area Code: Home _____ Work _____

Date of birth _____

Email _____

Male Female

Have you been convicted of a felony or a misdemeanor? ____ Yes ____ No

If yes, please explain: (A conviction will not necessarily result in the denial of Volunteer Service).

AVAILABILITY What day(s) of the week are you available to volunteer? (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What times during these days are you available? (Circle all that apply)

10 a.m. to noon noon to 2 p.m. 2 p.m. to 4 p.m. 4 p.m. to 6 p.m. 6 p.m. to 8 p.m.

COMMITMENT How often can you volunteer? (circle)

Once per week Once every two weeks Once per month As needed

LOCATIONS DESIRED

Boiling Springs _____ Chesnee _____ Cowpens _____ Headquarters _____ Inman _____

Landrum _____ Middle Tyger _____ Pacolet: _____ Westside _____ Woodruff _____

Volunteer Work Desired:

- | | | |
|---------------------|---------------------|---------------------------|
| _____ Adopt-A-Shelf | _____ Homebound | _____ Puppet Show |
| _____ Book-Sorting | _____ Info Desk | _____ Special Project |
| _____ Clerical Work | _____ Library Store | _____ Summer Food Program |
| _____ Genealogy | _____ Pages on Pine | _____ Tours |



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Education and Experience: (Please list past volunteer experiences also)

Personal References: We need (2) with name and phone number.

I understand that consideration for Volunteer Services at the Library may be contingent upon the results of a background and reference check. I authorize the Library to make such investigations and inquiries of my personal, employment, and related matters as may be necessary in arriving at its decision. I release employers, schools, and persons contacted from all liability in responding to inquiries in connection with my application for Volunteer Service.

I understand all such reports will be held in confidence.

I hereby acknowledge that I have read and understand the above statements.

Signature of Applicant

Date

**Please return to the Volunteer Services Office
Spartanburg County Public Libraries**



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**151 Church Street
Spartanburg, SC 29306-3241
(864) 596-3507**

IN CASE OF EMERGENCY, WHO SHOULD WE NOTIFY?

Name _____ Phone _____

Relation _____

Name of your Doctor _____ Phone _____



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