

# 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](mailto:emilye@infodepot.org)



SPARTANBURG COUNTY  
PUBLIC LIBRARIES  
[www.spartanburglibraries.org](http://www.spartanburglibraries.org)



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

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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



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

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

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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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