



Volunteer Application

Application Date: _____

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____

Email Address: _____ Date of Birth: _____

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

Have you been convicted of a felony or misdemeanor? Yes No If yes, please explain:

A conviction will not necessarily result in the denial of Volunteer Service.

Availability

At what location(s) would you prefer to volunteer?

Boiling Springs

Headquarters

Pacolet

Chesnee

Inman

Woodruff

Cowpens

Landrum

Cyrill-Westside

Middle Tyger

What days are you available?

Sunday Monday

Tuesday Wednesday

Thursday Friday

Saturday

What times of day
are you available?

Morning

Afternoon

Evening

Varies

How often can
you volunteer?

Once a week

Once or twice a month

Summer only

Special events only

Do you have a community service requirement? Yes No

If yes, how many hours do you need and by what date? _____

Experience

Please describe your education and/or employment background. _____

Please describe any previous volunteer experience, if applicable. _____

Please list any special interests or skills you may have. _____

What types of volunteer work interest you?

Shelving/Straightening Shelves

Facilitating Children's Programs

Sorting Donations

Facilitating Adult Programs

Staffing Library Store(s)

Computer Assistance

Genealogy/Local History

Homebound Deliveries

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: _____

Signature of Parent (if Applicant is a Minor): _____



SPARTANBURG COUNTY
PUBLIC LIBRARIES
www.spartanburglibraries.org

**Please return to Volunteer Services, Headquarters Library
151 South Church Street, Spartanburg, SC 29306**

COVID-19 SAFETY ACKNOWLEDGEMENT

COVID-19 SAFETY INFORMATION:

While participating in events held or sponsored by the Spartanburg County Public Libraries (SCPL), "social distancing" must always be practiced to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, SCPL has put in place preventative measures to reduce the spread of COVID-19; however, SCPL cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

Due to the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in SCPL events. By attending an SCPL event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath.
2. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-MONITOR:

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (e.g. fever, cough, shortness of breath, etc.) and contact SCPL if he/she experiences symptoms of COVID-19 within 14 days after volunteering with SCPL.

ASSUMPTION OF RISK:

By signing below, I acknowledge that I am a willing participant, and I have chosen to participate and/or volunteer and attend SCPL events. As a participant, volunteer, or attendee, I recognize that my participation, involvement, and/or attendance at an SCPL event is voluntary, and I acknowledge and understand the following:

1. Participation includes possible exposure to an illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of SCPL and/or its affiliated partners including employees and volunteers;
3. I hereby knowingly assume the risk of injury, harm and loss associated with the event, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of SCPL and/or its affiliated partners including employees and volunteers.

Signature of Applicant: _____ Date: _____

Signature of Parent (if Applicant is a minor): _____