

Why do you want to volunteer at the library? _____

Previous volunteer experience _____

Describe your skills, abilities, interests _____

Please read the following agreement and sign below:

By completing this application, I wish to be considered for a volunteer/community service position with the Gwinnett County Public Library System. I understand that the completion of this application does not guarantee acceptance into the program. I understand that in addition to completing this application, I must go through an interview/screening process.

Applicant's Signature _____ Date _____

NOTE: Positions often require repetitive motion, such as lifting objects of various weights, standing, kneeling and bending.

PARENTAL/GUARDIAN SIGNATURE (for applicants under age 18)

Print Name _____ Signature _____

Phone (day) _____ Phone (evening) _____

Return application to the nearest Gwinnett County Public Library branch or mail to:

Gwinnett County Public Library
1001 Lawrenceville Highway
Lawrenceville, GA 30046

Or fax to: 770-822-5379

For more information call: (770) 822-4522 or visit our website at www.gwinnettpl.org



FOR LIBRARY STAFF ONLY

Date Application Received/Reviewed: _____ Interview Date: _____

Service Start Date: _____

Comments: _____

