



# VOLUNTEER APPLICATION (7.19.23)

**All areas with \* must be completed**

Print BOTH sides LEGIBLY in blue or black ink.

FCLS Volunteer Services Office  
Phone: 404-613-0125  
Fax: 404-612-0534  
[www.fulcolibrary.org](http://www.fulcolibrary.org)  
[vol.services@fultoncountyga.gov](mailto:vol.services@fultoncountyga.gov)

\*Date: \_\_\_\_\_ \*Have you ever volunteered with OUR library system before? ☐ Yes ☐ No  
\*Would you like a library card? ☐ Yes ☐ No \*How did you hear about volunteering? \_\_\_\_\_

Dr./Mr./Ms./Mx. \*First Name \*Middle Name (if applicable) \*Last Name Suffix

\*Address

\*Primary Phone-Circle one Cell/Home/Work

Apartment/Suite

\*City

\*Zip Code

Alternate Phone-Circle one Cell/Home/Work

\*Email Address (PLEASE WRITE CLEARLY)

\*Date of Birth (MM/DD/YYYY)

Employer

Position

\*Emergency Contact

\*First Name

\*Last Name

\*Relationship

\*Primary Phone-Circle one Cell/Home/Work

Secondary Phone-Circle one Cell/Home/Work

\*Education Information

\*Circle highest level completed: Grade School: 6 7 8 High School: 9 10 11 12 Undergrad: 1 2 3 4 Graduate: 1 2 3 4 5

\*Name of School (if currently a student): \_\_\_\_\_ \*Highest Degree Received: \_\_\_\_\_

\*Reference- other than a relative

\*First Name

\*Last Name

\*Primary Phone Number

\*Availability- Write in the times you are available to volunteer

Mon (10a-8p)	Tue (10a-8p)	Wed (10a-6p)	Thurs(10a-6p)	Fri (10a-6p)	Sat (10a-6p)	Sun
						N/A

**\*Previous Experience- Please CHECK AND list previous volunteer or work experience and skills:**

List clerical or library experience:	List program facilitation experience:	STEAM Skills- Circle all that apply: circuitry, coding, drones, Makey-Makey, virtual reality
List other applicable experiences:	<input type="checkbox"/> Experience teaching computer classes	<input type="checkbox"/> Certified to teach English as a Second Language (ESL)
<input type="checkbox"/> Digital/Technology Literacy-familiarity with online library resources, classes and apps	<input type="checkbox"/> Experience leading groups of children	Fluent in a language(s) (Please list):

**\*Locations- Rank your top 1, 2 and 3 preferred Library branches in the box on the right side (1= first/top choice):**

Adams Park	Cascade	East Atlanta	Kirkwood	Northeast Spruill Oaks	Outreach (entire county)	Sandy Springs
Adamsville/Collier Heights	Central	East Point	MLK, Jr.	Northside	Peachtree	South Fulton
Alpharetta	Cleveland Avenue	East Roswell	Mechanicsville	Northwest	Ponce de Leon	Washington Park
Auburn Avenue Research Library	College Park	Fairburn	Metropolitan	Ocee	Roswell	West End
Buckhead	Dogwood	Hapeville	Milton	Palmetto	Southeast Atlanta	Wolf Creek

\*(OVER)

\_\_\_\_\_  
\*Applicant's First Name

\_\_\_\_\_  
\*Last Name

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\*Is this volunteer service REQUIRED by an organization or program (School, Court, etc.)? ☐ \*Yes ☐ No

If \*YES, please list the program and requirements: \_\_\_\_\_

**If you are volunteering in anticipation of/or to fulfill court required community service, or if you have any pending charges, you MUST contact the Volunteer Services Office at 404-613-0125 to discuss additional paperwork prior to being placed. We will not verify any hours served if the volunteer fails to complete this step prior to placement.**

**\*Read the following agreement and sign below if you agree with all statements:**

In consideration of being allowed to engage in volunteer activities in the Fulton County Library System ("Library System"), I hereby voluntarily execute this Volunteer Waiver for myself, or my minor child if applicable, under the following terms:

\*I acknowledge and agree that I am volunteering my services to the Library System as a public service, on an as needed basis, and that I am not an employee of the Library System and will receive no pay, benefits, or other privileges of employment of any kind for my services, including no medical or workers' compensation coverage.

\*I understand and agree that my services as a volunteer can be ended at any time by me or by the Library System, and that I am not eligible for unemployment compensation benefits when my volunteer assignment ends.

\*I understand the nature of the volunteer activities to be performed, and recognize that in performing such activities, a risk of harm or injury exists (some of which I may not recognize). I agree that my attendance and involvement in activities undertaken for or in support of the Library System, whether supervised by Library System staff or not, is voluntary and at my own risk.

\*I understand that volunteers may be assigned to a library or a community event, festival or other organization's location to perform library volunteer activities, and I am willing to perform volunteer activities in either a library or an offsite location unless otherwise indicated **here**: I am restricting my availability to the following location(s): \_\_\_\_\_

\*I understand that if I am engaging in volunteer activities for the Library System at a community event, festival or other offsite location, I will need to provide my own transportation, pay my own transportation expenses, and pay any costs for parking.

\*I understand that the Fulton County Library System does not provide medical coverage for volunteers.

\*I understand that volunteers of the Fulton County Library System are not covered by Workers Compensation.

\*I hereby agree, for myself, my heirs, assigns, executors, and administrators to release, discharge, and hold harmless Fulton County, its Board of Commissioners, the Library System, the Library Board of Trustees, its employees, agents, and volunteers from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer service with the Library System, whether on Library System property, at an offsite event, pop-up libraries or similar sites in the community, or traveling to and from such properties, events or sites, including but not limited to, bodily injury, personal injury, illness, death, or property damage, incidental or consequential damages, punitive damages or special damages whether caused by the negligent acts or omissions on the part of the persons and entities that are being released, or otherwise.

\*I acknowledge and understand that I may be privy to confidential information while volunteering my services for the Library System, and I agree to respect the confidential nature of all such information. Such confidential information includes, but is not limited to, patron information and patron library records.

\*I hereby grant unto the Library System all rights, title, and interest in any and all photographic images and video or audio recordings that are made of me by the Library System, or someone on its behalf, during my participation in volunteer activities, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

\*I give the Library System permission to check, at any time, the listed references and any other information in this application, including any publicly available criminal history records. If qualified for volunteer service, I agree to abide by the rules and regulations of the Library System, including complying with all applicable federal, state, and local laws.

\*I agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remaining provisions which shall continue to be enforceable.

\*I certify that all information given in this application is true and complete and acknowledge that if I am accepted as a volunteer, any false or misleading information or concealment of any fact may result in the immediate termination of my services as a volunteer.

\*This application and the waivers, acknowledgements and conferral of rights herein are effective during the time of any volunteer activities. However, I understand and agree that if I cease volunteer activities for the Library System for a year or more, I will be required to fill out and submit a new, updated application.

\*By signing below, I acknowledge and represent that I am over 18 years of age, I have read and understand all of the foregoing, have been advised that I should consult with my own legal counsel prior to signing this Waiver, hereby execute this Agreement voluntarily, as my own free act and deed and that no oral representations, statements or inducements have been made by any of the Released Parties in connection with this Agreement.

\*For volunteers under 18 years of age, the undersigned parent or guardian hereby agrees that he/she is the parent or guardian of the name minor, that the named minor is authorized to participate in volunteer activities with the Library System, and executes this Waiver for and on his/her own behalf, and for and on behalf of the named minor.

\_\_\_\_\_  
\*Volunteer Signature

\_\_\_\_\_  
Parent/Guardian's Signature (\*Required if applicant is under 18)

STAFF ONLY: (Received: \_\_\_\_\_ DCOR \_\_\_\_\_ NSOPW \_\_\_\_\_)