

# VOLUNTEER APPLICATION

Augusta County Library  
1759 Jefferson Hwy  
Fishersville, VA 22939  
540-949-6354 or 540-885-3961  
www.augustacountylibrary.org

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City & Zip \_\_\_\_\_ Email address: \_\_\_\_\_

- *We can not accept community service hours.*

**Location:** Fishersville Churchville Middlebrook Craigsville Deerfield Weyers Cave Stuarts Draft

## What days and times are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

## Getting to know you:

Experience:

Areas of service preferred:

Any health restrictions? Please specify.

## In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Background checks will be done through the Virginia State Police.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please submit completed form to your local branch, or mail to: ACL, Attention Volunteer Coordinator  
1759 Jefferson, Hwy, Fishersville, VA 22939