Volunteer Application

(Must be 16 years of age or older)

Name:_____

Street Address: _____

City:_____Zip Code:_____

Primary Phone:_____Secondary Phone:_____

Email Address: _____

Best Way to Contact: ☐ Phone ☐ Email Best Time to Contact: _____

Pickens County Library Card Number: 2296400_____

At which branch would you like to volunteer? (Check all that apply.)

☐ Easley ☐ Central-Clemson ☐ Pickens ☐ Liberty

What days and times would you be able to volunteer? (Check all that apply.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

How often would you like to volunteer?

What type of volunteer work are you interested in?

☐ Adopt-a-Shelf
☐ Shelving/Straightening
☐ Other: _____
☐ Outreach
☐ House Calls
☐ Newspaper Indexing

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(Must be 16 years of age or older)

I,_____, agree to serve as a volunteer for the Pickens County Library System.

OR, if under 18,

I,_____, parent or guardian of_____, give my permission for

_____to serve as a volunteer for the Pickens County Library System.

I acknowledge that participation as a volunteer involves some risk of injury or death, and I assume these risks. I further acknowledge that I am physically capable of performing the activities required as a volunteer. In consideration of my volunteering, I release and hold harmless Pickens County and its personnel from any liability for any injury or death arising from volunteering for the Pickens County Library System. I also understand that as a volunteer I am not covered or am entitled to workers compensation coverage. I also agree to release Pickens County of any responsibility for damage to or loss of property arising from participation in this activity.

A background check must be passed in accordance with Pickens County Policies.

Pickens County is an equal opportunity provider and employer