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Jackie King, Librarian
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P a s q u o t a n k - C a m d e n L i b r a r y

Volunteer Information:

Name:		
Address:		
City:	State:	Zip:

Parent or Guardian Information if applicant is a minor:

Name:		
Address:		
City:	State:	Zip:

Work Experience, Special Interest, Hobbies:

Educational Background/Special Skills:

	High School Graduate		Typing
	College Degree		Word Processing
	Graduate Degree		Arts & Crafts
	Vocational School		Other

Availability:

Days			
Time of Day	Morning	Afternoon	Evening
Duties Interested in Performing for the Library			

Other:

Professional, Business, or Civic Activities
Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not necessarily disqualify applicant for volunteer position) <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, explain fully)

References:

Name	Address	Phone
Name	Address	Phone

Emergency Contact:

Name	Relationship	
Address		
City	State	Zip
Day Phone	Evening Phone	

Agreement:

The Pasquotank-Camden Library certainly appreciates your willingness to volunteer your services to assist the Library, its patrons, and the community. In signing this form as a Volunteer you are acknowledging that your services for the Library, its patrons and the community and as such that you will be entitled to no compensation or any fringe benefits or other employment rights applicable to the employees of the Library. It is expressly understood that you are not an employee or agent of the Library and that while we will try to provide you with necessary information and guidance to perform your volunteer services, we will not be supervising or controlling your activities and that for any reason whatsoever either you or the Library may terminate the volunteer agreement with you. While on Library premises you will agree to abide by all of the rules of conduct governing the staff and employees of the Library in performing your services. As a volunteer, you hereby acknowledge that you will perform your services in good faith and to the best of your ability under the general guidelines provided to you.

Signed	Date
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For Office Use Only:

Date	Department
Exit Date	Reason
Library Director's Signature	Administrative Assistant's Signature