



***APPLICATION FOR VOLUNTEER SERVICE
for the SPARTANBURG COUNTY PUBLIC LIBRARIES***

Date of Application _____

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Phone w/ Area Code: Home _____ Work _____

Date of birth _____

Email _____

Male Female

Have you been convicted of a felony or a misdemeanor? ____ Yes ____ No
If yes, please explain: (A conviction will not necessarily result in the denial of Volunteer Service).

AVAILABILITY What day(s) of the week are you available to volunteer? (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What times during these days are you available? (Circle all that apply)

10 a.m. to noon noon to 2 p.m. 2 p.m. to 4 p.m. 4 p.m. to 6 p.m. 6 p.m. to 8 p.m.

COMMITMENT How often can you volunteer? (circle)

Once per week Once every two weeks Once per month As needed

LOCATIONS DESIRED

Boiling Springs _____ Chesnee _____ Cowpens _____ Headquarters _____ Inman _____
Landrum _____ Middle Tyger _____ Pacolet: _____ Westside _____ Woodruff _____

Volunteer Work Desired:		
_____ Adopt-A-Shelf	_____ Homebound	_____ Puppet Show
_____ Book-Sorting	_____ Info Desk	_____ Special Project
_____ Clerical Work	_____ Library Store	_____ Summer Food Program
_____ Genealogy	_____ Pages on Pine	_____ Tours



SPARTANBURG COUNTY
PUBLIC LIBRARIES
www.spartanburglibraries.org

Education and Experience: (Please list past volunteer experiences also)

Personal References: We need (2) with name and phone number.

I understand that consideration for Volunteer Services at the Library may be contingent upon the results of a background and reference check. I authorize the Library to make such investigations and inquiries of my personal, employment, and related matters as may be necessary in arriving at its decision. I release employers, schools, and persons contacted from all liability in responding to inquiries in connection with my application for Volunteer Service.

I understand all such reports will be held in confidence.

I hereby acknowledge that I have read and understand the above statements.

Signature of Applicant

Date

**Please return to the Volunteer Services Office
Spartanburg County Public Libraries**



SPARTANBURG COUNTY
PUBLIC LIBRARIES
www.spartanburglibraries.org

**151 Church Street
Spartanburg, SC 29306-3241
(864) 596-3507**

IN CASE OF EMERGENCY, WHO SHOULD WE NOTIFY?

Name _____ Phone _____

Relation _____

Name of your Doctor _____ Phone _____

COVID-19 SAFETY ACKNOWLEDGEMENT

COVID-19 SAFETY INFORMATION:

While participating in events held or sponsored by the Spartanburg County Public Libraries (SCPL), “social distancing” must always be practiced to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, SCPL has put in place preventative measures to reduce the spread of COVID-19. However, SCPL cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

Due to the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in SCPL events. By attending an SCPL event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath.
2. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-MONITOR:

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (e.g. fever, cough, shortness of breath, etc.) and contact SCPL if he/she experiences symptoms of COVID-19 within 14 days after volunteering with SCPL.

ASSUMPTION OF RISK:

By signing below, I acknowledge that I am a willing participant, and I have chosen to participate and/or volunteer and attend SCPL events. As a participant, volunteer, or attendee, I recognize that my participation, involvement, and/or attendance at an SCPL event is voluntary, and I acknowledge and understand the following:

1. Participation includes possible exposure to an illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of SCPL and/or its affiliated partners including employees and volunteers;
3. I hereby knowingly assume the risk of injury, harm and loss associated with the event, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of SCPL and/or its affiliated partners including employees and volunteers.

Signature of Applicant

Date