



Providing a place and a face to
explore, enjoy and engage.

Orange County Public Library

137 West Margaret Lane

Hillsborough, NC 27278

919-245-2525

www.orangecountync.gov/library

ADULT VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

Home phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Emergency Contact & Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

Are you currently enrolled in school? No _____ If Yes, Name of School: _____

Do you receive class credit for volunteering? No _____ If yes, # of hours needed? _____

Are you presently employed? No _____ If Yes, Name of Employer: _____

Describe the type of work you enjoy: _____

List any special skills, training, or hobbies: _____

Describe any volunteer experience you have or experience you have working in libraries:

Please list your 3 main areas of interest at the library, in order of preference:

1. _____
2. _____
3. _____

Please indicate the times that are most convenient for you to volunteer:

Personal References:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Liability Waiver

I certify that the statements made in this Volunteer Application are true, correct, and given voluntarily. In addition,

- I understand that this information may be disclosed to any party with legal and proper interest.
- I understand that the Orange County Public Library reserves the right to screen volunteers, and the Department will not accept as a volunteer anyone who would jeopardize any aspect of service or the safety of Library customers and staff.
- I understand that if I am unable to arrive for a scheduled time for any reason, I am to notify my volunteer contact as soon as possible.
- I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated by the affected library/ program volunteer contact.
- I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the department/division to which I am assigned.
- I will also not abuse any information, materials, or equipment I may use or obtain while volunteering.

Applicant Signature: _____ Date: _____

Program Volunteer Contact Signature: _____ Date: _____

Please complete and return to:
Nitya Fiorentino
Orange County Public Library
137 West Margaret Lane, NC 27278
FAX 919-644-3372
nfiorentino@orangecountync.gov

Non-Discrimination Policy – The Orange County Public Library does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in volunteer opportunities or the provision of services, programs or activities.

