

Cobb County Public Library System

266 Roswell Street, Marietta, Georgia 30060

770-528-2320

www.cobbcat.org

Volunteer Application

Personal Information:

Date:

Name:

Address:

City:

State:

Zip

Telephone (home):

Cell Phone:

Email Address:

Check if 17 years of age or older

Employment Information:

Current Employer:

Responsibilities include:

Education Information:

Highest level of education completed:

High School/GED

Associate Degree

Undergraduate Degree

Graduate Degree

Other

Volunteer Information:

Have you volunteered before? Yes No If so, where?

Briefly describe your duties:

How did you hear about the library's volunteer program?

Please check all skills, abilities, or interests below that are applicable to you:

Knowledge of a foreign language

Computer work/data processing

Work with/knowledge of genealogy

Word processing/typing

Arts and crafts

Working with youth

Book discussion leader

Working with books

Clerical Assistance

Teaching classes

Please list any experience you have using electronic resources:

Other special interests, skills, abilities, or hobbies:

Which language(s) do you speak, read and/or write:

Library Location:

Preferred library location(s) for volunteer assignment:

Emergency Contact Information:

Person(s) to contact in case of emergency

Name:

Relationship:

Telephone:

Cell Phone:

Photo Release

By signing here _____, I give permission for any photograph of myself, obtained during volunteer activities, to be used in informational material for Cobb County Public Library System.

I certify that the information given in this application is true and complete to the best of my knowledge. I agree and understand that if I am accepted into the Cobb County Public Library System volunteer program any false statements may result in my dismissal from the program. I understand that submission of this application in no way assures me a volunteer position.

I acknowledge that there is no salary or other compensation for my service as a volunteer.

I understand that Cobb County shall not be responsible for the loss or damage of personal property and possessions of the volunteer.

I understand that Cobb County is not responsible for injuries incurred by volunteers.

I understand that volunteers must honor the confidentiality of library customers, employees and other volunteers.

Signature of Volunteer: _____ Date _____

Cobb County Government does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.





**COBB COUNTY GOVERNMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize any employee, officer, investigator, or other authorized agent of the Cobb County Department of Public Safety to receive any criminal history information pertaining to me which may be in the files of any state, local or federal criminal justice agency.

I also request and authorize a review and full disclosure of all such information and records concerning me, to any duly authorized agent of the Cobb County Department of Public Safety, whether the said records are of a public, private, or confidential nature.

I understand that any information obtained by a personal criminal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in making a determination of my suitability or eligibility for employment by Cobb County Government. I authorize a photocopy of this release form to be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I hereby release any and all organizations, reporting agencies, and others from any liability or damage, which may result from furnishing the information requested above.

I also certify the information I have entered on the reverse of this form is true and accurate, to the best of my knowledge, under penalty of law.

Signed this _____ day of _____ of 20_____

Signature _____

Printed Name _____

Notary Public

Notary Stamp

Date

Request For*

Criminal History

Motor Vehicle Report**

Both

*This information will be provided for employment purposes only.

** In accordance with Georgia Laws 40-5-2, my signature authorizes Cobb County Human Resources Department to procure a copy of applicant's driver's license history.

(PLEASE PRINT)

Department Name _____

Position Name _____

Position Number _____

(Please submit your FULL LEGAL NAME. NO initials are to be used unless you have an initial name only.)

Name: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Maiden Name: _____

Other Names Used: _____

Current Address: _____
(Number, Street, Apt. #)

(City, State, Zip Code)

Other States of Residency: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Race: _____ Sex: M _____ F _____

Place of Birth: _____
(City, State, and Nation)

Driver's License Number: _____ State: _____

Exp. Date: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Other Driver's Licenses You Have Held:

(State)	(License Number)
_____	_____
_____	_____
_____	_____

Acknowledgment and Waiver of Compensation
For Public Employee Volunteer

This is to certify that the undersigned, _____ (name), has volunteered to perform service(s) for the **Cobb County Public Library System** for civic, charitable, or humanitarian reasons.

As a volunteer, the undersigned understands and acknowledges that he/she is performing services for the aforementioned governmental entity without promise, expectation or receipt of compensation for services rendered. Nonetheless, the undersigned acknowledges that he/she may be reimbursed for expenses, reasonable benefits and nominal fees at the discretion of the **Cobb County Public Library System**.

The undersigned further affirms that he/she is not otherwise employed to perform the same type of services for the same agency.

As a volunteer, the undersigned acknowledges that he/she is not subject to the Fair Labor Standards Act and therefore waives the right to any compensation for services rendered.

This _____ day of _____, 20__.

Public Employee Volunteer

Printed Name

Witness

Printed Name

SEDITION AND SUBVERSIVE ACTIVITIES QUESTIONNAIRE

Required by Georgia Laws No. 904, 1974 Session Page 411, codified by O.C.G.A. §16-11-13.

1. Department _____

2. Name _____
(Last Name) (First) (Middle)

Other names used: (Maiden name, names by former marriages, former names changed legally or otherwise, aliases and nicknames. Specify which and show dates used.)

3. Address _____
(Street & No.) (City) (State) (Zip Code)

4. (a) Are you now or have you been within the last ten (10) years a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives, the overthrow of the government of the United States or of the government of the state of Georgia by force or violence?

Yes ___ No ___ If "Yes", state the name of the organization and your past and present membership status including any offices held therein.

(b) If the answer to (a) is "Yes" and the employing authority deems further inquiry necessary, you will be notified of such determination. No action adverse to your application will be taken because of an affirmative answer until after such an inquiry, with notice to you and an opportunity for you to present evidence, and only if the result of such inquiry brings your application within the prohibition within the Sedition and Subversive Activities Act of 1953.

5. (a) Have you ever been convicted or are any charges now pending against you, by Federal, State or other law enforcing authority, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35 or less was imposed. (All other convictions must be included even if they were pardoned.))

Yes _____ No _____

(b) If the answer to (a) is "Yes", state the reason convicted, the date convicted, and the place where convicted.

6. Space for Continuing Answers or Explanations: (Show item number to which answers or explanations apply. Attach separate sheet(s) if more space is needed.)

I understand that I make the preceding statements under the penalties of false swearing.

(Signature and Date)