Cobb County Public Library System  
266 Roswell Street, Marietta, Georgia 30060  
770-528-2320  
www.cobbeat.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.
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