

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.



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

Parental Authorization for Emergency Medical Treatment



Cobb County...Expect the Best!

The undersigned parent/guardian and minor child/employee hereby authorize Cobb County, a political subdivision of the State of Georgia, and its authorized representatives to provide emergency medical treatment to said undersigned minor child/employee, _____, for any injury he or she might receive as an employee of Cobb County and while in the course of his/her employment.

This _____ day of _____, 20_____.

Minor/Employee

Parent or Legal Guardian