

# Chestatee Regional Library System

Chestatee Regional Library System offers an opportunity for youth to volunteer at Lumpkin County or Dawson County Libraries. Please provide the information requested on this form (*both sides*) and return it to the library circulation desk, or the Youth Services Librarian.

Application for Junior Volunteer Activities  
Chestatee Regional Library  
342 Allen Street  
Dawsonville, Georgia 30534

\*\*\* Please circle the library at which you are applying to work: \*\*\*

Lumpkin County Library  
342 Courthouse Hill  
Dahlonega, GA 30533

Dawson County Library  
342 Allen Street  
Dawsonville, GA 30534

Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

School attended: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Do you use the library regularly?      Do you speak any foreign language?  
Yes      No      Yes      No

How did you learn about volunteer opportunities at the library? \_\_\_\_\_  
\_\_\_\_\_

Please describe any previous volunteer experience. \_\_\_\_\_  
\_\_\_\_\_

Do you have any experience or interest in working with children? Please explain.  
\_\_\_\_\_

What most interests you: \_\_\_shelving books \_\_\_computer work \_\_\_reading stories aloud  
\_\_\_ clerical work (filing, typing, copying) \_\_\_artistic stuff like bulletin boards and posters

Please list previous work experience (employer, dates of service, position held.)

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Please list any skills, training, hobbies or interest that you have. (ex. Typing, storytelling, musical abilities, computer skills)

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Please tell us why you want to volunteer at the library. (Be honest.)

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Please list two people that we may contact for a reference for you.

Name: \_\_\_\_\_ How they know you: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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Please indicate the days and times you would be available to volunteer:

Monday (open 10 – 6) \_\_\_\_\_

Tuesday (open 10 – 8) \_\_\_\_\_

Wednesday (open 10 – 6) \_\_\_\_\_

Thursday (open 10 – 8) \_\_\_\_\_

Friday (open 10 – 6) \_\_\_\_\_

Saturday (open 10 – 2) \_\_\_\_\_

Please list any medical restrictions, requirements, allergies, etc.

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In case of emergency notify:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Work address: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interview date and time

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Interviewer notes: