



VOLUNTEER APPLICATION

Augusta County Library
1759 Jefferson Hwy
Fishersville, VA 22939
540-949-6354 or 540-885-3961
www.augustacountylibrary.org

Date: _____

Name: _____

Address: _____ Phone # _____

City & Zip _____ Email address: _____

Location (circle one): Fishersville Churchville Craigsville Deerfield Middlebrook Stuarts Draft

What days and times are you available to volunteer? (Check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Getting to know you:

Education:

Experience:

Special Skills:

Areas of service preferred:

Any health restrictions? Please specify.

In case of emergency, please notify:

Name: _____ Relationship: _____ Phone # _____

Have you ever been convicted of a felony? _____ Yes _____ No
(Background checks will be done through the Virginia State Police.)

Signature of Applicant

Date

Please submit completed form to your local branch, or mail to: ACL, Attention Volunteer Coordinator
1759 Jefferson, Hwy, Fishersville, VA 22939