



Northwest Regional Library System Volunteer Interest Form



I would like to volunteer at the following library:

- | | |
|--|--|
| <input type="checkbox"/> Bay County Public Library
<input type="checkbox"/> Panama City Beach Public Library
<input type="checkbox"/> Parker Public Library
<input type="checkbox"/> Springfield Public Library | <input type="checkbox"/> Bristol: Harrell Memorial Public Library
<input type="checkbox"/> Hosford: Jimmy Weaver Memorial Library
<input type="checkbox"/> Port St Joe: Corinne Costin Gibson Memorial Public Library
<input type="checkbox"/> Wewahitchka: Charles Whitehead Library |
|--|--|

Volunteer position(s) I'm interested in (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Literacy Tutor
<input type="checkbox"/> English as a Second Language Tutor
<input type="checkbox"/> Shelver (Adult Services)
<input type="checkbox"/> Plant Caretaker | <input type="checkbox"/> Tech Tutor
<input type="checkbox"/> Career Assistant
<input type="checkbox"/> Shelver (Youth Services)
<input type="checkbox"/> Local History Assistant | <input type="checkbox"/> Mobile Device Assistant
<input type="checkbox"/> Customer Service Assistant
<input type="checkbox"/> Bookstore Assistant
<input type="checkbox"/> Program Assistant |
|---|---|---|

I am available to volunteer:

- M Tu W Th F Sa Su
 AM PM

PERSONAL DATA	Name		
	Last	First	Middle
	Present Address		
	No. & Street	City	State Zip Code
	Permanent Address (if different from above)		
	No. & Street	City	State Zip Code
	If Seasonal Resident, length of stay:		
Telephone		Alternate Telephone	
Email address		<input type="checkbox"/> Yes, I would like to sign up for the library's monthly digital newsletter.	
INTERESTS & SKILLS	Have you ever volunteered for us? If yes, give name used and location of library.		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Do you have an NWRLS library card?	Are you over 18 years old? Volunteers must be at least 14 years old.	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	What skills, abilities, and interests do you have?		
If volunteer service is for school, name of school:			
Total hours needed		Date hours are to be completed	

Thank you for your interest in volunteering at the library. When a position is available, you will be asked to complete a Volunteer Application Form, and a background check will be completed.

NWRLS Headquarters: Bay County Public Library ▪ 898 West 11th St ▪ Panama City, FL 32401
(850) 522-2100 ▪ www.nwrls.com



For Library Use Only

Date enrolled: _____ Library: _____
Date withdrawn: _____ Department: _____