



PASCO COUNTY LIBRARY SYSTEM
Volunteer Application Form
(return form to your local library)

AGE: (check one) 13-17 _____ 18-65 _____ 65+ _____

All applications for volunteer positions will be screened through the FLDE Sexual Predator Online Database, as per the Florida Sexual Predators Act (FSS § 775.21, Sec. 3, Para B., Sec. 5.)

Name: _____ Phone: () _____

Address: _____

Email Address: _____

In Case of Emergency, Contact: _____

Phone: () _____

Please Check Type (s) of Work Desired:

Adult Services (Circulation) _____

Children's Services (Teens only) _____
Grade: _____ (6-12)

Day (s)	Hours Available
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Is this school-related community service? Yes _____ No _____

If yes, please give number of hours required and the reason:

Please list the school contact person with phone number:

Special Interests and Skills:

Completion of the Pasco County Library Volunteer Application does not guarantee placement as a library volunteer.