



Newton County Library System

7116 Floyd Street NE Covington, GA 30014

Tel 770-787-3231 Fax 770-784-2092

Volunteer Application

Name: _____ Date: _____

Address: _____

City, State, ZIP _____

Home Phone: _____ Work or Cell Phone: _____

Education: _____

Work Experience: _____

Volunteer Experience: _____

Special Skills & Interests: _____

Days you can volunteer: _____

Time of day you can volunteer: _____

What volunteer job would you like: _____

Why do you want to volunteer: _____

At which branch library: Covington Porter Newborn

Emergency Contact Name: _____ Phone: _____

Your signature (if under 18 years, parent must sign) _____

Thank you for your application. We will attempt to match your skills and experience with any volunteer job openings we may have. We will keep your application for 60 days and contact you during that time if we have any volunteer opportunities. Thank you for supporting NCLS.

Rev 1/17