



Date Received:

Clearwater Public Library System

Student/Minor (6th-12th Grade)
Volunteer Program Application

For Data Purposes:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Birthdate _____ Age _____ Sex _____

Parent/Guardian Name(s) _____

Home Address (if different from above) _____

City _____ State _____ Zip _____ Home Phone _____

Parent/ Guardian Employer _____

Work Phone _____ Email Address _____

Please select the Clearwater library you wish to volunteer at:

Main **East** **Countryside** **North Greenwood** **Beach**

****If you are applying for a summer volunteer position, please contact the youth services librarian at your library for available date/time slots.****

How did you hear about us? _____

Are you volunteering for academic credit (Bright Futures, graduation, etc.)? No Yes

Date Received:

Have you ever been convicted of any offense against the law or now under any current charge for any offense against the law? Yes No

If the answer to the above is Yes, please give the date and details of the offense.

Note: Falsification of your answers may result in dismissal of being a volunteer with the Clearwater Public Library System.

Emergency Information:

Do you have any medical conditions? _____

Emergency Contact person: _____

Relationship: _____ Phone: _____

• I understand that volunteering for the Clearwater Public Library System may require or include a criminal background check, driver's license check or providing of other identification or certifications.

- (Due to the sensitive nature of juvenile records, the Pinellas County Sheriff's Office will only release background check information to the individual or parent. If your child is under the age of 18 you will need to visit the Pinellas County Sheriff's Records Department. You may either bring the minor with an ID stating their birth date or visit yourself with their *original* birth certificate. Please return a copy of this record to our offices for processing. You may contact them with any questions at 582-6281.)

Volunteer Signature

Date

Parent/Guardian Signature

Date

Mailing address for applications:

Clearwater Public Library System
Attn. Mercedes Bleattler
100 N. Osceola Ave
Clearwater Fl 33755

For more information, contact:

Mercedes Bleattler
Youth Services Manager
727.562.4970 ext. 5244
727.562.4977 fax
mercedes.bleattler@myclearwater.com