

**THE JIMMY CARTER LIBRARY
VOLUNTEER APPLICATION**

NAME: _____ DATE OF BIRTH: Month _____ Day _____

HOME ADDRESS: _____
street city state zip

HOME PHONE: _____ SPOUSE'S NAME _____

CELL PHONE: _____ EMAIL ADDRESS: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY: _____ PHONE _____

IF EMPLOYED, PLEASE GIVE:

EMPLOYER NAME: _____ JOB TITLE: _____

BUSINESS PHONE: _____ ext. _____ May we call you at work? Y _____ N _____

IF AVAILABLE, PLEASE GIVE E-MAIL ADDRESS _____ FAX # _____

Please indicate which Jimmy Carter Library volunteer opportunity you are interested in

____ Archives Aid ____ Librarian Aid ____ Museum Docent

PRESENT EDUCATION

SCHOOL/COLLEGE PRESENTLY ATTENDING: _____

GRADE/FRESHMAN, SOPH., JR., SR. _____ UNDERGRAD or GRADUATE PROGRAM (circle)

IF YOU PREFER MAIL TO BE SENT TO A SCHOOL ADDRESS, PLEASE GIVE ADDRESS: _____

PHONE # WHERE YOU CAN BE REACHED AT SCHOOL: _____

PAST EDUCATION:

HIGH SCHOOL ATTENDED: _____

COLLEGE ATTENDED: _____ MAJOR _____

PERSONAL STATEMENTS:

1. How did you hear about our Volunteer Program?

2. What do you think best qualifies you to be a Jimmy Carter Library Volunteer?

3. Why are you interested in volunteering at the Jimmy Carter Library? _____

