

# Preschool Outreach Project

Buncombe County Public Libraries      67 Haywood Street      Asheville, NC 28801

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We hope you'll join our group of volunteers in a fulfilling and important job: sharing books with children.

The one-page application below should go to the POP office at the Pack Memorial Library in downtown Asheville. You may mail it to us at:

POP  
67 Haywood Street  
Asheville, NC 28801

or hand it to the librarian at your local library and it will be forwarded to us. Please include the criminal records check form with your application.

Read-aloud volunteers are required to attend the training workshop at Pack Memorial Library, in downtown Asheville.

**What to expect when you reply:**

- We will call you when we receive your application.
- Before the workshop, we will mail you a confirmation letter and detailed information about parking and other logistical issues.

Contact us at (828) 250-4729 or [pop@buncombecounty.org](mailto:pop@buncombecounty.org) if you have any questions, or just want to talk about the project.

We look forward to getting to know you!

All volunteers who work with children are required to submit to a criminal records check.

# Preschool Outreach Project

## Volunteer Application

Name: \_\_\_\_\_

Name you want on your badge

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Preferred \_\_\_\_\_ Other \_\_\_\_\_

Email: \_\_\_\_\_

*Tell us a little about yourself: experience with preschoolers, special talents or interests to share, ability in other languages, why you want to read aloud to children, etc.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What part of the county is most convenient for you? \_\_\_\_\_

Most storytimes take place on weekday mornings. Do you need another time?  yes

We ask you to visit your center twice a month, and to stay on for nine months.

I will make a nine month commitment to the project

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

### In case of emergency, notify:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_

\_\_\_\_\_



## City-County Bureau of Identification

20 Davidson Drive  
Asheville, North Carolina 28801

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Phone 828-250-4664\*Fax 828-258-6493

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City-County ID – Centralized Data Entry



### RECORD CHECK REQUEST / BUNCOMBE COUNTY

REQUEST FOR RECORD CHECK ON THE FOLLOWING INDIVIDUAL:

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: \_\_\_\_\_  
(MONTH) / (DAY) / (YEAR)

ADDITIONAL INFORMATION: \_\_\_\_\_  
RACE SEX SOCIAL SECURITY #

THE INFORMATION LISTED BELOW IS **NOT REQUIRED** TO OBTAIN A RECORD CHECK

\_\_\_\_\_  
SIGNATURE OF PERSON REQUESTING INFORMATION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
AGENCY REQUESTING INFORMATION

NOTE: FROM THIS DATE, THE RECORD WILL REFLECT THE PAST SEVEN (7) YEARS ON MISDEMEANOR AND TRAFFIC OFFENSES AND THE PAST TWENTY (20) YEARS ON FELONY OFFENSES. ANY OTHER PERIOD WILL HAVE TO BE REQUESTED.