

**Sullivan County Imagination Library**  
**PO Box 3045, Kingsport, TN 37662**  
[SullivanCoImaginationLibrary@gmail.com](mailto:SullivanCoImaginationLibrary@gmail.com)

**Volunteer Information**

**Name:**

**Address:**

**City, State, ZIP:**

**Email:**

**Preferred phone number:**

**Employment status:**

**Reason(s) for wishing to join Sullivan County Imagination Library:**

**Put an X in front of areas that you where you would be interested in assisting or leading**

**Registration and Community Outreach**

Registration outreach (public housing, pediatrician offices, realtors/newcomers, etc.)

Publicity and media relations

Coordinating hospital registrations

Data entry of registrations

Community awareness and speaking engagements to share the organization's mission

Social Media

**Funding**

Grant writing

Corporate and government funding requests

Fundraising event planning

Designing annual newsletter and organizing the campaign

Writing thank you notes

**Administration**

Accounting

Volunteer Development: helping get other volunteers for the SCIL

Board officer (President, Vice President, Secretary, Treasurer)

Other: \_\_\_\_\_

**What is your desired average monthly time commitment**

3 or less hours

4-6 hours

7-9 hours

10 or more hours

**Do you have any availability restrictions? If so, when:**

**Do you have anything else you would like to share:**