

**BAY COUNTY LIBRARY SYSTEM
VOLUNTEER CHANGE NOTICE**

(TO BE COMPLETED BY SUPERVISOR)

**THE FOLLOWING CHANGE TAKES EFFECT ON: _____
(DATE)**

**VOLUNTEER NAME: _____
(print name)**

VOLUNTEER SIGNATURE: _____

BRANCH: _____ DEPARTMENT: _____

REASON FOR CHANGE:

**SIGNATURE: _____ DATE: _____
(Supervisor)**

SEND TO: VOLUNTEER COORDINATOR/ADMINISTRATIVE OFFICE