

# Volunteer Application for High School Students

450 Exton Square Parkway  
 Exton, PA 19341  
 610.280.3235 • [www.chescolibraries.org](http://www.chescolibraries.org)  
[volunteerprgm@ccls.org](mailto:volunteerprgm@ccls.org)

Thank you for your interest in becoming a volunteer at the Chester County Library. We are proud of our many volunteers who so generously give of their time to the Library. The dedication and enthusiasm volunteers bring to the Library are necessary ingredients for the excellent delivery of service for which the Chester County Library is noted.

Teens must be at least 14 years old and going into the 9th grade of high school to be considered for volunteer openings in the Youth Services Departments and 16 years old to be considered for volunteer opportunities in all other departments of the Chester County Library and the Henrietta Hankin Branch Library.

Below is an application to become a volunteer at the Chester County Library or Henrietta Hankin Branch Library. Please complete the application form and return to the Coordinator of Volunteer Services, Chester County Library, 450 Exton Square Parkway, Exton, PA 19341, or return it to the Checkout Desk at either Library. When the application is received and reviewed, you will be notified that we have your application on file, and will be called to an interview based on library needs.

**PLEASE PRINT**

**DATE OF APPLICATION** \_\_\_\_\_

**Tell us about yourself**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Where do you attend high school? \_\_\_\_\_  
 Grade level \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Are you employed? \_\_\_ Yes \_\_\_ No  
 If yes, where? \_\_\_\_\_

**DO YOU HAVE ANY VOLUNTEER EXPERIENCE?**

Please list your current or most recent volunteer experience:

Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Responsibilities \_\_\_\_\_  
 Other volunteer experiences \_\_\_\_\_  
 \_\_\_\_\_

Why would you like to volunteer at the Chester County Library? \_\_\_\_\_  
 \_\_\_\_\_

Will you be receiving school credit or meeting requirements for a graduation project? \_\_\_ Yes \_\_\_ No

Is this application for court appointed community service? \_\_\_ Yes \_\_\_ No Offense? \_\_\_\_\_

Number of hours of community service you are required to perform \_\_\_\_\_ By what date? \_\_\_\_\_

Name of your Probation Officer and/or District Justice \_\_\_\_\_

## WHAT ARE YOUR INTERESTS AND SKILLS?

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### Please check any in which you have experience.

- |   |   |
|---|---|
| <input type="checkbox"/> MS Word              | <input type="checkbox"/> Library Online Catalog |
| <input type="checkbox"/> MS Excel             | <input type="checkbox"/> Shelving               |
| <input type="checkbox"/> MS Access            | <input type="checkbox"/> Audio Visual Equipment |
| <input type="checkbox"/> Data Entry           | <input type="checkbox"/> Customer Service       |
| <input type="checkbox"/> Internet Searching   | <input type="checkbox"/> Telephone Etiquette    |
| <input type="checkbox"/> Dewey Decimal System | <input type="checkbox"/> Tutoring               |
| <input type="checkbox"/> Alphabetizing        | <input type="checkbox"/> Teaching/Instructing   |

### WHEN WOULD YOU PREFER TO VOLUNTEER?

DAY	TIME	DAY	TIME
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

**NOTE:** For our summer young adult program in Youth Services, you must be able to serve 3 hours, 1 day per week from mid June through September. The summer program will end in September. If you are fulfilling high school graduation requirements, you must be ready to complete the project within this time period.

**If you are applying for other than summer volunteering, where would you like to be assigned?**

\_\_\_ Chester County Library \_\_\_ Henrietta Hankin Library

**How long do you plan to serve as a volunteer for the Library?** \_\_\_\_\_

**References:** Please provide the names of two people, not related to you. To ensure a mutually satisfying volunteer experience, we recognize the value and uniqueness of each volunteer and connect each person with the Library's need. To assist the Library in matching people to the right volunteer position, the references you list are contacted.

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_

Phone number \_\_\_\_\_

My signature below I authorize the Chester County Library to verify any of the information on this application and to secure information from personal references. I authorize persons, previous employers and organizations named in this application to provide the Chester County Library with any information relevant to my application to volunteer at the Library. I release all such persons from any liability regarding the use of this information.

**PERMISSION** from parent or guardian **REQUIRED** for youth under 18 years of age:

\_\_\_\_\_ has my permission to volunteer at the Chester County Library/  
Henrietta Hankin Branch Library.

Age of Youth \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_