Thank you for your interest in becoming a volunteer at the Chester County Library. We are proud of our 140 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.

Below is an application to become a volunteer at the Chester County Library. Please complete this and return to the Coordinator, Volunteer Services, Chester County Library, 450 Exton Square Parkway, Exton, PA 19341 or you can return it to the Checkout Desk at the Library. When the application is received and reviewed, you will be contacted to schedule an interview to discuss volunteer opportunities at the Library. You must have reached your 18th birthday to volunteer.

PLEASE PRINT

Name (Ms., Mr., Mrs.) _____________________________________________________________________________________
Home Address ____________________________________________________________________________________________
City, State, Zip _____________________________________________________ Birthday: Month _________ Day _________
Home Phone _______________________ e-mail address_________________________________________________________
Are you interested in volunteering at (check one) Chester County Library, Exton ______ Hankin Branch Library ______

EDUCATION
Are you currently (circle one)     Employed     Retired     Other ______________________________________________________
Are you currently a (circle one) College Student     High School Student      Other ______________________________________
Name of school/college you are attending: ______________________________________________________________________
Years completed in school _________ List degrees or certificates you’ve received ______________________________________
Hobbies or interests ________________________________________________________________________________________

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? _______________________________________________________

Volunteer Application 04/22/2014
EMPLOYMENT

Please list your current or most recent employer:

Employer ____________________________________________ From _______ To _______

Occupation ____________________________________________

What is Your Availability?

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Please check any in which you have experience.

- MS Word
- MS Excel
- MS Access
- Data Entry
- Internet Searching
- Dewey Decimal System
- Alphabetizing
- Library Online Catalog
- Shelving
- Audio Visual Equipment
- Customer Service
- Telephone Etiquette
- Tutoring
- Teaching/Instructing

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 ____________________________________________
Relationship _______________________________________
Address __________________________________________
City ___________________________ Zip Code ___________
State _______________ Zip Code ___________________
Phone Number _____________________________________

Name ____________________________________________
Relationship _______________________________________
Address __________________________________________
City ___________________________ Zip Code ___________
State _______________ Zip Code ___________________
Phone Number _____________________________________

My signature authorizes 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.

Age of Youth ______ Signature of Parent/Guardian ___________________________ Date __________

Signature of Applicant ___________________________ Date __________