Chester County Library 450 Exton Square Parkway Exton, PA 19341-2496 610-280-3235 volunteerprgm@ccls.org



## Adult Application to Volunteer

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 19341or 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 18<sup>th</sup> birthday to volunteer.

PLEASE PRINT Date	of Application
Name (Ma. Mu. Mus.)	
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	y Library, Exton Hankin Branch Library
Are you currently (circle one) Employed Retired Other	
Are you currently a (circle one) College Student High School Student	ent Other
Name of school/college you are attending:	
Years completed in school List degrees or certificates you	ı've received
Hobbies or interests	
VOLUNTEER EX Please list your current or most recent volunteer experience:	PERIENCE
Organization	
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 gra	duation 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 is Your Availability?  DAY TIME DAY TIME  DAY TIME DAY TIME  Monday Friday Tuesday Saturday  Wednesday Sunday  Thursday  Please check any in which you have experience.  MS Word Dewey Decimal System Gustomer Service  MS Excel Alphabetizing Telephone Etiquette  MS Access Library Online Catalog Trutoring  Data Entry Shelving Teaching/Instructing  Therent Searching Audio Visual Equipment  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 Library's need. To assist the Library in matching people to the right volunteer position, the references you lare contacted.  Name Name Relationship Relationship Relationship Address  City City City  State Zip Code State Zip Code  Phone Number Phone Number  Phone Number 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 has my permission to volunteer at the Chester County Library Age of Youth Signature of Parent/Guardían Date	•		PLOYMENT	
What is Your Availability?  DAY TIME DAY TIME  Monday Friday Saturday  Wednesday Sunday  Thursday  Please check any in which you have experience.  MS Word Dewey Decimal System Customer Service Telephone Etiquette Shelving Telephone Etiquette Shelving Teaching/Instructing Teaching/Instructing Telephone Etiquette Audio Visual Equipment  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 Library's need. To assist the Library in matching people to the right volunteer position, the references you lare contacted.  Name Name Relationship Relationsh		-		Energy
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Tuesday    Saturday   Sunday	DAY			TIME
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Address City				
City City Zip Code State Zip Code Phone Number Phone	Name		Name	
State Zip Code State Zip Code Phone Number Phone Number Phone Number				
My signature authorizes the Chester County Library to verify any of the information on this application and secure information from personal references. I authorize persons, previous employers and organizations name 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:	Relationship		Relationship	
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