

# Chester County Public Library

## Volunteer Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

What are your preferred volunteer days and hours?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Starting Time						
Ending Time						

Why are you interested in volunteering for the library? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any special skills or experience? \_\_\_\_\_

\_\_\_\_\_

Are you on the sex offender registry?  Yes  No

**References** (if you are between the ages of 14 and 18, please provide one letter of reference)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

What positions are you interested in?  Adopt-A-Shelf  Children's Area Assistant

Media Maintenance  Shelving Assistant  Event Assistant  No Preference