

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



Application to Volunteer

Thank you for your interest in becoming a volunteer at the Chester County Library. We are proud of our 115 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 15th birthday to volunteer.

PLEASE PRINT Date of Application _____

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? _____

EMPLOYMENT

Please list your current or most recent employer:

Employer _____ From _____ To _____
 Occupation _____

What is Your Availability?

DAY	TIME	DAY	TIME
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Please check any in which you have experience.

- | | | |
|---------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> MS Word | <input type="checkbox"/> Dewey Decimal System | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> MS Excel | <input type="checkbox"/> Alphabetizing | <input type="checkbox"/> Telephone Etiquette |
| <input type="checkbox"/> MS Access | <input type="checkbox"/> Library Online Catalog | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Shelving | <input type="checkbox"/> Teaching/Instructing |
| <input type="checkbox"/> Internet Searching | <input type="checkbox"/> 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 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 _____
 State _____ Zip Code _____
 Phone Number _____

Name _____
 Relationship _____
 Address _____
 City _____
 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** _____