

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

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 \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

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

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

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

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 \_\_\_\_\_