



450 Exton Square Parkway
 Exton, PA 19341
 610.280.3235
 volunteerprgm@ccls.org

Volunteer Application for High School Students

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

Teens must be at least 15 years old and in high school to be considered for volunteer openings in the Youth Services Departments and 16 years old to be considered for volunteer opportunities in all other departments of the Chester County Library and the Henrietta Hankin Branch Library.

Below is an application to become a volunteer at the Chester County Library or Henrietta Hankin Branch Library. Please complete the application form and return to the Coordinator of Volunteer Services, Chester County Library, 450 Exton Square Parkway, Exton, PA 19341, or return it to the Checkout Desk at either Library. When the application is received and reviewed, you will be notified that we have your application on file, and will be called to an interview based on library needs.

PLEASE PRINT

DATE OF APPLICATION _____

<p>Tell us about yourself</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone _____</p> <p>Email Address _____</p> <p>Where do you attend high school? _____</p> <p>Grade level _____</p>	<p>Birthday: Month _____ Day _____</p> <p>Parent/Guardian Name _____</p> <p>Phone _____</p> <p>Are you employed? ___ Yes ___ No</p> <p>If yes, where? _____</p>
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DO YOU HAVE ANY 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 _____

WHAT ARE YOUR INTERESTS AND SKILLS?

Please check any in which you have experience.

- | | |
|---|---|
| <input type="checkbox"/> MS Word | <input type="checkbox"/> Library Online Catalog |
| <input type="checkbox"/> MS Excel | <input type="checkbox"/> Shelving |
| <input type="checkbox"/> MS Access | <input type="checkbox"/> Audio Visual Equipment |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Internet Searching | <input type="checkbox"/> Telephone Etiquette |
| <input type="checkbox"/> Dewey Decimal System | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Alphabetizing | <input type="checkbox"/> Teaching/Instructing |

WHEN WOULD YOU PREFER TO VOLUNTEER?

DAY	TIME	DAY	TIME
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

NOTE: For our summer young adult program in Youth Services, you must be able to serve 3 hours, 1 day per week from mid June through September. The summer program will end in September. If you are fulfilling high school graduation requirements, you must be ready to complete the project within this time period.

If you are applying for other than summer volunteering, where would you like to be assigned?

___ Chester County Library ___ Henrietta Hankin Library

How long do you plan to serve as a volunteer for the Library? _____

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 below I 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/
Henrietta Hankin Branch Library.

Age of Youth _____ Signature of Parent/Guardian _____ Date _____

Signature of Applicant _____ Date _____