



Quarryville Library Volunteer Application

Thank you for your interest in volunteering at the library. We depend on volunteers like you to help us serve the community. **All volunteers 18 and older must have PA clearances before beginning work at the library. Once you have submitted this application, you will be contacted for an interview (by email unless none given) within a month, and can begin the process of volunteer clearances, free of charge, should you choose to volunteer with us.**

Name: _____

Address: _____

Phone Number (home/cell): _____

Email Address (please print clearly): _____

Date of Birth: _____

Emergency Contact & Phone Number: _____

Why are you seeking a volunteer position?

_____ To help the community

_____ To satisfy a school/organization service project?

_____ To satisfy court ordered community service? How many hours?

Tell us about your strengths. How might you like to serve?

When are you available to volunteer?

T W TH F SAT (Circle whichever days you are available to work)

Morning: 10-12 Afternoon 1:00-3:00 or 3:00 -5:00 Evening

Signature of Applicant: _____

Parental Approval for Volunteers Under 18 Years of Age: _____ is 14 years of age or older and has my permission to work as a volunteer in the Quarryville Library.

Signature of Parent or Guardian: _____