



## 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: \_\_\_\_\_ Date: \_\_\_\_\_

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

Number of 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: 10:00-12:00 Afternoon: 12:00-2:00 or 2:00-4:00 Evening: 4:00-6:00 or 6:00-8:00

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: \_\_\_\_\_