

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:		
	Phone Number:	
Why are you seeking	a volunteer position?	
To help	the community	
To satis	fy a school/organization service proje	ect
Numbe	r of hours:	
Tell us about your str	engths. How might you like to serve?	•
When are you availab	le 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	:	
	volunteers under 18 years of age: s my permission to work as a volunte	
Signature of Parent or	Guardian:	