

Newtown Public Library
201 Bishop Hollow Road
Newtown Square, PA 19073
610.353.1022

Volunteer Application

Name _____

Street Address _____

City, State, ZIP _____

Home Phone () _____ Work Phone () _____

Email Address _____ Birth Date (*optional*) _____

The best way to contact me is: _____ Time _____

Emergency Contact _____ Emergency Phone () _____

Currently Employed Currently Not Working Retired Student

Employed by _____ Occupation _____

STUDENT INFORMATION: If you are currently a student, please complete this section.

Education (*circle highest*) High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

What school are you attending? _____ What grade or class are you in? _____

Will you receive school credit for volunteering? _____

How did you hear about volunteering at the library? _____

Have you ever volunteered at a library? _____ If yes, where? _____

Do you have other volunteer experience? If yes, please describe: _____

Is there anything in particular that you hope to accomplish by volunteering at the library? _____

Is this for required community service? _____ If yes, why? _____

Will you need a written verification for community service? _____ If yes, by when (*date*) _____

What is your availability?

Day	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
On-call	

Areas of Interest (please indicate in order of preference – 1 = most interested... 7 = least interested)

Maintaining Book Shelves	
Circulation Desk	
Children’s Programs	
Clerical (light)	
Book Repair/Covering	
Special Projects	
Computer Work	
Light dusting	
Cleaning books & other materials	

Please list any skill, special training, degrees, work experience, or interests that you have that may contribute to your volunteer efforts (for example: foreign language, musical and artistic skills, calligraphy, etc.).

For a handwriting sample, please write this address in the space at right:

Ms. Jane Doe
 1820 Carpenter Street
 Philadelphia, PA 19147

PERMISSION from parent or guardian REQUIRED for youth under the age of 18:

_____ has my permission to volunteer at Newtown Public Library.

Youth’s Name

Age of Youth

Signature of Parent or Guardian

Date

REFERENCES: Please list two people who are not relatives that we may contact as personal reference for you. This section must be completed prior to submitting your application.

- Name _____ Relationship _____

Address _____ Telephone () _____
- Name _____ Relationship _____

Address _____ Telephone () _____

As a volunteer I agree:

To regard my assignment as a serious commitment, respect confidentiality and abide by the policies of Newtown Public Library. I also agree to maintain communication with the Library regarding my assignment and request clarification when necessary.

Volunteer’s Signature

Date