

# Volunteer Services Program Application

CENTRAL/BRANCH \_\_\_\_\_/PLACEMENT \_\_\_\_\_

Name (Ms., Mr., Mrs.) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Birth Date (optional) \_\_\_\_\_

The best place 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 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		
Prepare Mailings/Clerical		Mon.-Fri., 9-5 only
Data Entry/Word Processing		Mon.-Fri., 9-5 (some Sats.)
Special Projects/Research		
Special Events		Evenings & Weekends
Computer Monitor		
Teen Book Critic		Teens Only

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 the Free Library of Philadelphia  
*Youth's Name*

\_\_\_\_\_  
*Age of Youth*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

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

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

2. 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 the Free Library of Philadelphia. I also agree to maintain communication with the supervisor regarding my assignment and request clarification when necessary.

\_\_\_\_\_  
*Volunteer's Signature*

\_\_\_\_\_  
*Date*