

WEST CHESTER PUBLIC LIBRARY VOLUNTEER APPLICATION



415 North Church Street West Chester, PA 19382

610-696-1721 www.wcpubliclibrary.org

Per PA law and library policy, **all volunteers** must obtain a PA criminal and child abuse clearance prior to starting any volunteer work at the library. For more information please see our website: www.wcpubliclibrary.org/about.

Date of Application: _____ Birthday: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Educational Background: _____

Profession: _____ Employer: _____

Availability (Please circle days)

Mon. Tues. Wed. Thurs. Fri. Sat. Morning _____ Afternoon _____ Evening _____

Can we call you on short notice? _____

What type of volunteer work would you like to do? (Please check all that apply.)

_____ Children's _____ Shelving
_____ Clerical (light) _____ Main Desk Assistance

Please give a reference: (Name, address, and phone number)

Permission from Parent/Guardian required for youth under 18 years of age.

_____ has my permission to volunteer at West Chester Public Library.

Parent Signature: _____ Date: _____

Volunteer Signature: _____ Date: _____

Volunteer applicants will be interviewed when openings occur. West Chester Public Library reserves the right to end a volunteer's service at any time. Thank you for your interest and time.