



YOUTH APPLICATION FOR VOLUNTEER / COMMUNITY SERVICE

4569 Prestwick Drive, Reading, PA 19606 PHONE: 610-406-8431

Thank you for your interest in VOLUNTEERING. Please read this ENTIRE application.

- Note: the Library's main need is for help with SHELVING. This involves the ability to stand for at least a 2-hour shift, lifting & carrying stacks of books, and pushing heavy carts.
- **Please be aware - This is an application only. It is neither a commitment to, nor promise of, a volunteer opportunity.**
- **Applications will be reviewed by the Volunteer Coordinator as time allows.** Due to current schedule openings and other issues of time, not all applicants will be considered for service in the library. Applicants under consideration will be contacted for a brief interview prior to scheduling.
- **A health and safety waiver for each potential volunteer is included with this application.** See attached form.

PLEASE PRINT CLEARLY

FILL IN BOTH SIDES OF THIS APPLICATION

Name _____ Birth Date _____ I am 14 years old or more _____
(MM/DD/YY)

Home Address _____ Email: _____

Home / Cell Phone _____ Preferred method of contact: _____

Emergency Contact: Name: _____ (relationship) _____
Phone Number: _____

Employment (Current, as applicable)

Position/Title _____ Dates of Employment _____

Company/Employer _____

If hours are to fulfill a requirement – NAME of SCHOOL or Organization _____

Current year in school, i.e. 9th, 10th _____ Volunteering elsewhere also? _____

Number of **HOURS** required _____ by **what DATE** do they need to be FULFILLED? mm/dd/yy _____

SCHOOL or Organization CONTACT INFO for library to report hours: _____

When would you be able to volunteer?

We are asking for a commitment of at least 20 hours of service over a period of weeks or months. A weekly schedule will be set with a **2 hr time slot** to volunteer. Please indicate all times you would be available for an on-going weekly schedule. Remember, many people are already volunteering & your first choice may not be available. We will work with you on the timing.

The Library's regular hours are **Mon & Tues 9AM - 7PM, Wed 9AM - 6PM, Thurs & Fri 9AM - 4PM, Sat 8AM - 3PM**

(Indicate hours available below; example: Mon 9-11 & 4-7, Tues 9-11, Wed 2-4, No Thurs, No Fri, Sat 12-3)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Indicate preferred or best time slot: _____

Groups, clubs, organizational membership:

Skills:

COMPUTERS (circle all that apply): Word Windows Google Docs Tablets/Smart Phones Other (specify) _____

LANGUAGE OTHER THAN ENGLISH (specify) _____

SPECIAL SKILLS OR HOBBIES (please describe) _____

Please describe your prior volunteer experience (include organization names and dates of service) _____

Why do you want to volunteer at the Exeter Community Library? [What do you want to gain from this volunteer experience?]

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime, the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work. **Include type of activity resulting in Court mandated community service**, i.e. Vandalism, Retail Theft:

NO YES _____

Please list two (2) References, one **personal** and one **professional or not a relation**:

NAME: _____ PHONE NUMBER: _____ RELATIONSHIP: _____

NAME: _____ PHONE NUMBER: _____ RELATIONSHIP: _____

Applicant SIGNATURE: _____ DATE: _____

Exeter Community Library does not discriminate, regardless of age, race, religion, gender, or sexual orientation. The Library receives **many** applications. We will contact you as soon as possible **if there is an opening**. We strive to give everyone the volunteer opportunity they need/want in a timely manner. We ask for your patience.

FOR OFFICE USE ONLY:

APPLICATION RECEIVED: _____ DATE CALLED: _____ INTERVIEW: _____

REFERENCE CALLS: _____

NOT APPROVED: REASON: _____

APPROVED: START DATE: _____ END DATE: _____ TIMESLOT: _____

INITIALS: _____