

Adult Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | | |
|--|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekday evenings |
| <input type="checkbox"/> Weekend mornings | <input type="checkbox"/> Weekend afternoons | <input type="checkbox"/> Weekend evenings |
| <input type="checkbox"/> Short-term projects | <input type="checkbox"/> On call as needed | <input type="checkbox"/> Ongoing projects |

Community Service

Do you have Community Service hours assigned?

- | | | |
|---|---|---|
| <input type="checkbox"/> School
Name _____ | <input type="checkbox"/> Other?
Name _____ | Number of Hours Needed:
_____ By Date: _____ |
|---|---|---|

Interests

Tell us in which areas you are interested in volunteering. Feel free to write down other interests.

<input type="checkbox"/> Administration	<input type="checkbox"/> Adult Programs
<input type="checkbox"/> Computer Technology	<input type="checkbox"/> Children Programs
<input type="checkbox"/> H.O.M.Express Deliveries	<input type="checkbox"/> Teen Programs
<input type="checkbox"/> Phone Calls	<input type="checkbox"/> Shelving & Shelf Maintenance

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

See Reverse Side

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I authorize investigation of all matters contained in the application. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

The Haverford Township Free Library requires current background record checks to be submitted with your application.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

5/2013