

Library Volunteer Application

Kennett Library, 216 E. State St., Kennett Square, PA 19348

610-444-2702 | www.kennettlibrary.org

First Name _____ Last Name _____

Address _____

City/State/Zip _____

Telephone _____ Email _____

Date of Birth (MM/DD/YYYY): _____

List previous volunteer experience _____

Are there physical conditions that limit your ability to perform certain tasks? If yes, what accommodations do you require? _____

Do you have any special skills that would be relevant to a volunteer position? _____

Please list any relevant skills _____

What languages other than English do you speak fluently? _____

Volunteer availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What volunteer tasks are you most interested in performing?

Circulation Assistance & Shelving

Adult Literacy Program

Book Organization/Shelve Reading

Home & Garden Tour Committee

Teen Programming: Video Game Club

Friends of the Library Group

Why do you want to volunteer at the library? _____

Please list two references:

First Name _____ Last Name _____

Address _____

City/State/Zip _____ Telephone _____

First Name _____ Last Name _____

Address _____

City/State/Zip _____ Telephone _____

In an emergency, notify:

First Name _____ Last Name _____

Address _____

City/State/Zip _____ Telephone _____

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin. All volunteers age 17 or older must complete and pass a state and federal child abuse and criminal background check before the start of their first volunteer shift.

(Signature/Volunteer)

(Date)

(Parental Signature if under 18 years of age)

(Date)