



Volunteer Services Program Application

Parkway Central Library Volunteer Services Program
1901 Vine Street, Philadelphia, PA 19130 | 215-686-5340

Central/Branch:

Placement:

Name (Ms., Mr., Mrs.)

Street Address

City, State, ZIP

Home Phone

Work Phone

Email 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 *(select 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**

| | |
|---------------------|------------------------------|
| Tech Helper | <i>Afternoons</i> |
| Author Events | <i>Evenings and Weekends</i> |
| Tour Guide | <i>Weekdays and Weekends</i> |
| On-call Volunteer | |
| Special Events | <i>Evenings and Weekends</i> |
| Work Study Student | |
| Teen Book Critic | <i>Teens Only</i> |
| Maintaining Shelves | |

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.) _____

The policy of Free Library Volunteer Services is for all volunteers to have a Pennsylvania State Police Background Check and Pennsylvania Child Abuse History Clearance. Contact volunteerclearances@freelibrary.org for instructions on attaining clearances. Each volunteer is responsible for getting their child abuse clearances on their own; results must be sent to volunteerclearances@freelibrary.org. The Free Library of Philadelphia maintains the Two Person rule; no volunteer or employee is to be alone with a child unless both are clearly visible at all times.

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.

| | |
|---------|--------------|
| Name | Relationship |
| Address | Telephone |
| 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