



# 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

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>Events and Weekends</i>
Work Study Student		
Teen Book Critic		<i>Teens Only</i>

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](mailto: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](mailto:volunteerclearances@freelibrary.org), before you can begin volunteering. 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
<hr/>	
Address	Telephone
<hr/>	
Name	Relationship
<hr/>	
Address	Telephone
<hr/>	

**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*