



# VOLUNTEER APPLICATION

Phoenixville  
PUBLIC LIBRARY

Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

Phone (c): \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## SKILLS & INTERESTS

Educational Background: \_\_\_\_\_

Profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Reference: \_\_\_\_\_

## Availability

Please Circle or Bold Days:

Monday

Tuesday

Thursday

Friday

Saturday

Morning \_\_\_\_\_

Afternoon \_\_\_\_\_

Evening \_\_\_\_\_

Can we call you on short notice:      Yes      No

Permission from Parent/Guardian required for youth under 18 years of age.

\_\_\_\_\_ has my permission to volunteer at Phoenixville Public Library.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Volunteer Signature)

\_\_\_\_\_  
(Date)

*Phoenixville Public Library reserves the right to end a volunteer's service at any time.*