Phoenixville
PUBLIC LIBRARY

VOLUNTEER APPLICATION

Date: _____ **Birthdate:** _____

Name: _____

Address: _____

_____

Phone (h): _____ **Phone (w):** _____

Phone (c): _____ **Email:** _____

Emergency Contact: _____ **Phone:** _____

Skills and Interests:

Educational Background: _____

Profession: _____ **Employer:** _____

Reference: _____

Availability:

Please Circle or Bold Days:

Monday Tuesday Wednesday 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 (Youth must be 14 years of age or older):

_____ **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.