

# EASTERN LANCASTER COUNTY LIBRARY 2017 ADULT VOLUNTEER APPLICATION

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Weekly volunteers assist with shelving books, cleaning, shelf reading and other duties as assigned.

Due to regulations (Act 153 of 2014) passed by the General Assembly in an attempt to better protect children from sexual predators and child abuse, all volunteers must now obtain a Pennsylvania Criminal Background Check and Pennsylvania Child Abuse History Check. In addition, if you have not lived in Pennsylvania for 10 years, you must also provide FBI Federal Criminal History Background Check and Fingerprinting.

<b>Name (Last)</b>	<b>(First)</b>	<b>(Middle Initial)</b>
<b>Address (Mailing Address)</b>	<b>(City)</b>	<b>(Zip)</b>

What is the best way to contact you?

Text. Use this number: \_\_\_\_\_

Phone. Use this number: \_\_\_\_\_

E-mail. Use this address: \_\_\_\_\_

**What is your availability?**

Day	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

**Areas of Interest (mark all that apply)**

- Book Sales / Friends of the Library
- Shelving and Straightening Books
- Special Events / Fundraising
- Tutoring
- Helping Other Patrons With Technology
- Repairing Books / Cleaning DVDs & CDs

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Why are you interested in volunteering?

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Have you ever worked in a paid or volunteer position at a library?    Yes    No

If Yes, please list your position/duties:

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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.)

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## References

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_