

Ford City Public Library
1136 4th Ave., Ford City, PA 16226
724-763-3591

VOLUNTEER APPLICATION FORM

PLEASE **PRINT** ALL FIELDS:

Date: ____/____/____

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Alternate/Cell Phone: _____

If under 18 years of age, what is your date of birth: ____/____/____

If under 18, Parents or Guardians Name: _____

Emergency Contact Name: _____

Relationship to you: _____ Emergency Contact Phone #: _____

What is the best time to reach you by phone: _____

If you are a STUDENT – NAME & ADDRESS OF SCHOOL:

If you are working, NAME & ADDRESS OF EMPLOYER:

INTERESTS – check the areas in which you would most enjoy working:

___ non-public work ___ clerical/computer/filing ___ older adults

___ smaller children ___ shelving/arranging books ___ mending books

___ circulation desk ___ general cleaning/maintenance

___ other (describe): _____

ILLS – check the following in which you have familiarity (experience not necessary
(volunteer work):

Dewey Decimal System Audio-Visual equipment

Other language, specify: _____

PC software – specify: _____

Clubs: _____

Do you have any library work experience:

Where did you learn about library volunteerism?

List any physical limitations so that we may assign appropriately:

AVAILABILITY - please put a checkmark in the appropriate boxes (filling out the following does not necessarily commit you to these time slots).

	MON	TUE	WED	THUR	FRI	SAT
9am-10am						
10am-11am						
11am-12pm						
12pm-1pm						
1pm-2pm						
2pm-3pm						
3pm-4pm						
4pm-5pm						
5pm-6pm						
6pm-7pm						

For Junior Volunteers:

Juvenile Release Form signed? Yes / No