



## Volunteer Application

### Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, ST ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Preferred Contact Method \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

### Other Information

Currently Employed       Currently Unemployed       Student       Retired

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Student information: If you are a student, please complete this section.

Education (Check highest)    High School: 9 10 11 12    College: 1 2 3 4    Graduate: 1 2 3 4

Are you receiving school credit for volunteering?     Yes       No

### Availability

When are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons/Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours a week would you like to volunteer? \_\_\_\_\_

### More about you

Where are you interested in volunteering?     Book Corner       The Next Page

How did you hear about volunteering with us?

Have you ever volunteered or worked with used books before? If yes, please describe:

Please list any relevant skills, special training, degrees, work experience, or interests that you have that may contribute to your volunteer efforts:

Is this for required community service? If yes, why?

Will you need written verification for community service? If yes, by when?

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Our Policy

It is the policy of Friends of the Free Library of Philadelphia, Inc. to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

### ===== OFFICE USE ONLY =====

Contacted by \_\_\_\_\_

Date contacted \_\_\_\_\_

Interview scheduled for \_\_\_\_\_

Notes: