RACHEL KOHL COMMUNITY LIBRARY
VOLUNTEER APPLICATION
687 SMITHBRIDGE ROAD, GLEN MILLS, PA 19342

VOLUNTEER APPLICATION

Personal Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Volunteer Type

[ ] Teen Volunteer (under 18) [ ] Adult Volunteer (18+)

Skills / Interests

_____

_____

Availability

Days/Times Available: _____

_____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Email: _____

Referrals

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

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Disclaimer and Signature

Please read carefully before signing:

I authorize the Rachel Kohl Community Library to verify the information provided in this application and to contact any references or organizations regarding my background as it relates to volunteer service. I release the Library and any individuals or organizations providing such information from any liability.

I understand that submitting this application does not guarantee acceptance as a volunteer, nor does it create any employment or contractual relationship. If accepted, I agree to abide by all Library policies and procedures.

I certify that the information provided is true and complete to the best of my knowledge. I understand that false or misleading information may result in the termination of my volunteer service.

I understand that all volunteers must obtain required background clearances prior to beginning service.

Signature of Applicant: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

For Library Use Only

Date Received: _____ Reviewed By: _____

Clearances Verified: [ ] Yes [ ] No Date Verified: _____