

Volunteer Application

Name:		
Last		irst M.
Address:		
Street address		
City		State Zip
2		Sittle Zip
Phone: Cell	Work	Alternate
Email address:		
Preferred pronouns:		
Birth date & Age:		
Physical limitations:		
Education or current grade:		
Computer experience :		
Favorite author, book, or ge	nre:	
Special skills, abilities, and	interests:	
Work experience:		
Motivation for volunteering motivating factor):	*	-

(over, please)

^{*} This form is not for court ordered service. Please contact the Library Director @ 215-723-9109 EXT 102 if applicable.

	elf (Keeping books in	C1:-	(W 1: W. 4
order)		Etc.)	ng (Weeding, Watering
Checking in	returned materials &	Lic.)	
organizing carts	Treatified materials of	Events (Wine tasting, DIW,	
		Beerfest)	ζ, ,
	new materials (Labeling,		
etc.)		Stuffing envelopes for mass	
	a 1 (a 11;)	mailings	
Used Book	Sale (Selling)	Od	
		Otner	
Used Book	Sale (Sorting or		
	Sale (Sorting or		
shelving)	Sale (Sorting or d prefer to volunteer:		
shelving) When you would	` -	Afternoon	Evening
shelving) When you would	d prefer to volunteer:		
when you would Monday Tuesday	d prefer to volunteer:		
Monday Tuesday Wednesday	d prefer to volunteer:		
Monday Tuesday Wednesday Thursday	d prefer to volunteer:		Evening
Monday Tuesday Wednesday Thursday Friday	d prefer to volunteer:		Evening XXXXXXXXX
Monday Tuesday Wednesday Thursday	d prefer to volunteer:	Afternoon	Evening