

**TREDYFFRIN PUBLIC LIBRARY
CHILDREN'S DEPARTMENT
VOLUNTEER APPLICATION(Summer 2018: Jun 15-Aug 31)**

Tredyffrin Public Library 582 Upper Gulph Rd Strafford PA 19087 610.688.7092 x210 tredyffrinlibraries.org
Volunteer Coordinator: Michele Bolay x214 mbolay@ccls.org

Age (as of June 15, 2018): _____ Today's date (STAFF ONLY): _____

Must be at least 13 years old by June 15, 2018 *** ALL volunteers *ages 18+* must provide state and federal clearances

Full name: _____

Street address, town, zip: _____

Email: _____ Phone: () _____

DAY(S) AND TIME(S) YOU ARE AVAILABLE TO VOLUNTEER BETWEEN JUNE 16 AND AUGUST 31.

PLEASE CHECK ALL THAT APPLY AND, USING NUMBERS, INDICATE PREFERENCE

We will assign shifts based on availability. Most shifts are 2-3 hours once a week.

ORDER
(preference)

Sundays	(open 1-5)	available between	_____	and	_____	_____
Mondays	(open 9:30-9)	available between	_____	and	_____	_____
Tuesdays	(open 9:30-9)	available between	_____	and	_____	_____
Thursdays	(open 9:30-9)	available between	_____	and	_____	_____
Fridays	(open 9:30-6)	available between	_____	and	_____	_____
Saturdays	(open 9:30-5)	available between	_____	and	_____	_____

BELOW - PLEASE LET US KNOW ABOUT ANY INDIVIDUAL DAYS OR FULL WEEKS WHEN YOU WILL BE AWAY BETWEEN JUNE 15 AND AUGUST 31 (vacations, camps, family commitments, etc.)

INTERESTS AND TRAITS

Please tell us a little about yourself! Your honesty ensures the best fit for you and for us. Everyone is different, and there are no right or wrong responses. It's very important that the potential volunteer answer these questions him/herself. ☺

Always Sometimes Occasionally Rarely Never

I am very organized and detail-oriented	_____	_____	_____	_____	_____
I like a lively, fun environment	_____	_____	_____	_____	_____
I like to work in groups	_____	_____	_____	_____	_____
I am patient	_____	_____	_____	_____	_____
It bothers me when things are out of place	_____	_____	_____	_____	_____
I like making things, using my hands	_____	_____	_____	_____	_____

Always Sometimes Occasionally Rarely Never

I like to focus on one task at a time

I prefer lots of interaction

What is your favorite subject in school and why?

What activities do you do in your spare time (sports, clubs, hobbies, etc.)?

Please describe your ideal day. For instance, what time do you get up and go to bed? What do you do? Where are you? Is anyone else with you, and if so, who?

Potential SHELVING and CIRCULATION VOLUNTEERS:

Please list your exact hours of availability for training during the following periods.

You will be contacted for a specific time.

This training is mandatory.

Sunday, May 20: _____ Monday, May 21: _____ Thursday, May 24: _____ Friday, May 25: _____

Thursday, May 31: _____ Friday, June 1: _____

Monday, June 4: _____ Tuesday, June 5: _____ Thursday, June 7: _____ Friday, June 8: _____

Monday, June 11: _____ Tuesday, June 12: _____ Thursday, June 14: _____

Monday, June 18: _____ Tuesday, June 19: _____ Thursday, June 20: _____ Friday, June 21: _____

This signature serves as my pledge that, if selected, I will volunteer when scheduled, and I will contact the library promptly if I

am not able to keep my commitment: _____ (signature of volunteer)

This signature serves as my pledge that I will support my child as a volunteer by bringing him/her promptly to the library for

all volunteer shifts to which s/he has committed: _____

(signature of parent/guardian if volunteer is under 18)

PLEASE RETURN THIS APPLICATION TO THE CHILDREN'S DESK ON OR BEFORE JUNE 1
Applications received after the deadline may not be accepted.

Please keep the VOLUNTEER INFORMATION SHEET for your records.
Thank you for your interest in volunteering at Tredyffrin Public Library!