



**FRANKLIN COUNTY LIBRARY SYSTEM VOLUNTEER APPLICATION FORM**

101 Ragged Edge Road South, Chambersburg, PA 17202 (717) 709-0282

**Applicant Information (please print)**

**Application Date** \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Phone (home) \_\_\_\_\_

Email \_\_\_\_\_

**In case of emergency, please contact**

Name \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Phone (home) \_\_\_\_\_

**Availability (Check all that apply)**

\_\_\_ Regularly each week for \_\_\_\_\_ number of hours \_\_\_ Summers only \_\_\_ September-May only

\_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evening \_\_\_ Weekdays \_\_\_ Weekends

**Volunteer Locations (Check all that apply)**

\_\_\_ Besore Memorial Library (Greencastle) \_\_\_ Bookmobile and Outreach (Chambersburg)

\_\_\_ Blue Ridge Summit Library \_\_\_ Coyle Free Library (Chambersburg)

\_\_\_ Grove Family Library (Chambersburg) \_\_\_ St. Thomas Library (St. Thomas) \_\_\_ System

**Interests (Check all that apply)**

\_\_\_ Adult Programs \_\_\_ Annual Appeal \_\_\_ Book Sale \_\_\_ Bulk Mailings \_\_\_ Committee Chair/Member

\_\_\_ Community Outreach \_\_\_ Events \_\_\_ Landscaping \_\_\_ Non-public work \_\_\_ Youth Programs

\_\_\_ Other: \_\_\_\_\_

**Skills (Check all that apply)**

\_\_\_ Internet Explorer \_\_\_ Microsoft Office Suite \_\_\_ Online Catalog \_\_\_ Other: \_\_\_\_\_

**Restrictions/Limitations**

\_\_\_\_\_  
\_\_\_\_\_

**Why do you want to volunteer at the library?**

\_\_\_\_\_  
\_\_\_\_\_

I understand that the Franklin County Library System reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library. I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT VOLUNTEER PERMIT**

(To be signed by parent/guardian if applicant is under 18 years of age) \_\_\_\_\_

has my permission to work as a volunteer for the Franklin County Library System.

Signature of Parent/Guardian \_\_\_\_\_

Relation to applicant \_\_\_\_\_ Phone Number \_\_\_\_\_