

**SCHLOW CENTRE REGION LIBRARY
VOLUNTEER APPLICATION FORM**

(All permanent placed library volunteers must be at least 16 years of age and willing to commit to a minimum of 6 months)

Date _____

Name _____

Preferred Pronouns ___He / Him / His ___She / Her / Hers ___They / Them / Theirs

Address _____

Phone Number _____

Email Address _____

Please list any previous volunteer or work experience. Specifically include any experience that would be relevant to library work.

1. Job/Position _____ Date _____
Employer _____

2. Job/Position _____ Date _____
Employer _____

Have you lived within Pennsylvania continuously for the past 10 years? Yes ___ No ___
(Volunteers living outside of PA in the last 10 years are required to submit an additional FBI fingerprint clearance)

Education and/or Training _____

Please list any special skills or knowledge that you feel would be beneficial to the library
(for example: any specific computer skills) _____

Why would you like to volunteer at Schlow Centre Region Library? _____

What days and times are you available to work?

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday/Sunday _____

The following background checks are required of all library personnel 18 years of age and over, including volunteers. You are responsible for providing both documents before the start of your volunteer assignment (both are good for 3 years):

- 1) **Criminal Background Check**, through the PA State Police:
<https://epatch.state.pa.us/TandCVolunteerAction.do>
- 2) **Child Abuse History Clearance**, through the PA Department of Child Welfare:
<https://www.compass.state.pa.us/cwis/public/home>

Volunteers under 18 years of age must submit a Parent/Guardian Consent Form with this application

Please list **two references** below along with their contact information:

1. Name _____

Telephone or email address _____

Relationship to you _____

2. Name _____

Telephone or email address _____

Relationship to you _____

Applicant Signature _____