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_____________________________________
   Employer_________________________________________
   Date____________________

2. Job/Position_____________________________________
   Employer_________________________________________
   Date____________________

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**____________________________________________________