



Pottstown Regional Public Library
 500 East High Street
 Pottstown, PA 19464
 610-970-6551

Volunteer Application

Name			
Address			
City		State PA	Zip
Phone	Home	Work	Cell
Have you been convicted of a felony within the past five years?		Yes	No
If yes, please explain			
Are you a student?		Yes	No
What school do you attend?			
What grade or year are you in?			
Have you done volunteer work for another non-profit?		Yes	No
If yes, where and what did you do?			
What type of work would you like to do here?			
List any hobbies or interests:			
What skills, training, or knowledge do you wish to utilize here?			
Why do you want to volunteer here?			
Where did you hear about our library?			
When are you available to volunteer and for how long?			
	Day of week	Time of day	
How often per week/month			
If you have a disability, what accommodation would you need to do this volunteer position?			
What training, resources, or support do you anticipate needing to do this volunteer work?			
Provide 3 personal or professional references:			
Name	Phone	Relationship	
1			
2			
3			
I hereby attest that the above information is true to the best of my knowledge.			
Signature		Date	