



WESTERN ALLEGHENY
COMMUNITY LIBRARY

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ADULT VOLUNTEER APPLICATION

DATE _____

NAME _____

ADDRESS _____

EMAIL _____ I would like to volunteer

TELEPHONE NO. _____ I need to do community service

HOW MANY YEARS HAVE YOU LIVED IN THIS COMMUNITY? _____

(Volunteers with less than 10 years of residency will be required to obtain clearances.)

Community Service Volunteers **MUST HAVE** current Criminal and Child abuse clearances.

If Community Service, hours needed _____ By what date? _____

ANY SPECIAL SKILLS? _____

DAY & TIMES PREFERRED:

MON. _____ TUE. _____ WED. _____ THUR. _____ FRI. _____ SAT. _____ SUN. _____

10 - 1 _____ 1 - 4 _____ 3 - 6 _____ 6 - 8 _____

DATE AVAILABLE _____

SIGNATURE _____

Contacted by: _____ Date _____