



3612 Kutztown Road  
Reading, PA 19605  
610-929-0589

[muhlenbergcl@berks.lib.pa.us](mailto:muhlenbergcl@berks.lib.pa.us)

## Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone numbers --  
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?

Time of day \_\_\_\_\_ Day of week \_\_\_\_\_



3612 Kutztown Road  
Reading, PA 19605  
610-929-0589

[muhlenbergcl@berks.lib.pa.us](mailto:muhlenbergcl@berks.lib.pa.us)

### Volunteer Application

How often per  
week/month

---

For how long?

---

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

---