

# VOLUNTEER APPLICATION

## CAMBRIA COUNTY LIBRARY

248 Main Street

Johnstown PA 15901

Telephone: 814-536-5131 Fax: 814-535-4140

E-mail: [reference@cclsys.org](mailto:reference@cclsys.org)

### CONTACT INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency contact phone number: \_\_\_\_\_

### MOTIVATION FOR VOLUNTEERING (check one)

Personal Satisfaction \_\_\_\_\_ Number of days/hours per week? \_\_\_\_\_

Student Service \_\_\_\_\_ Required number of hours? \_\_\_\_\_ To be completed by \_\_\_\_\_

Legal Requirement \_\_\_\_\_ Required number of hours? \_\_\_\_\_ To be completed by \_\_\_\_\_

### VOLUNTEER EXPERIENCE

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Position held or activity performed: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Position held or activity performed: \_\_\_\_\_

### WORK EXPERIENCE

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

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**SKILLS**

Computer programs: \_\_\_\_\_

Internet skills: \_\_\_\_\_

Typing: \_\_\_\_\_

Dewey Decimal System: \_\_\_\_\_

Mechanical skills: \_\_\_\_\_

Other: \_\_\_\_\_

**HOBBIES AND INTERESTS**

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**DAYS AND HOURS AVAILABLE FOR VOLUNTEERING**

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**ANY LIMITATIONS?**

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**WHAT WOULD YOU PREFER TO DO WITHIN THE LIBRARY?**

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If a suitable position is available, volunteers are accepted for service after review of application and personal interview by Volunteer Coordinator.

**DO NOT WRITE BELOW THIS LINE**

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PLACEMENT \_\_\_\_\_

Date \_\_\_\_\_

Location \_\_\_\_\_

Supervisor \_\_\_\_\_