

VOLUNTEER APPLICATION

Instructions: Applicants must be at least 18 years of age. Answer every question clearly, completely and to the best of your ability. Where a question does not apply, answer “none” or “N/A”. Completed applications may be returned in person to any CCPL branch or emailed to: volunteer@cecilcountylibrary.org.

I. Personal Information

Name: _____
Last First M.I.

Address: _____
Street Apt#

City State Zip

Telephone: _____ **Email Address:** _____

Indicate if:

- Age 55+ (Requires enrollment in the Cecil County Department of Community Services AmeriCorps Seniors Volunteer Program)
[AmeriCorps Seniors | Volunteer Cecil](#)

Primary method of notification: Telephone Email

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

Yes No If yes, please explain: _____

II. Work/Education/Volunteer History

Current Employer or School: _____

Education:

Last Grade Completed: _____

Degree/Certification: _____

Summary of Work Experience (paid or volunteer):

Have you previously volunteered at CCPL? Yes No

If yes, list date(s), location(s) and duties:

Skills, Abilities and Interests (include computer skills and software packages used):

How did you hear about CCPL's volunteer program?

III. Volunteer Interest/Availability

Preferred Library Branch (check all that apply):

- Cecilton Chesapeake City Elkton
 North East Perryville Rising Sun

Areas of interest for volunteer work (check all that apply):

- Serving meals to kids & teens General branch tasks
Event set-up Preparing materials & supplies
Assisting community members with technology Cleaning StoryTrails in county parks
Reading Buddy Program No preference
(Position Description at www.cecilcountylibrary.org/about/volunteering)

Other Interests/skills/hobbies:

To help us offer you the best experience, please write a sentence or two stating why you'd like to volunteer at the library:

Availability for Volunteer Service:

Please check the days of the week and the time of day you are able to volunteer.

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

IV. Emergency Contacts

Person(s) to contact in case of emergency:

Name: _____
Last First

Telephone: _____

Person(s) to contact in case of emergency:

Name: _____
Last First

Telephone: _____

Thank you for your interest in volunteering at the Cecil County Public Library. Once you have submitted this application you will be contacted for an interview to match your skills and interests with volunteer jobs at the library.

My signature on this application indicates my agreement to abide by all the rules, regulations and policies of CCPL. I hereby certify that the information in this application is true and complete to the best of my knowledge. I understand that falsified statements made on this application may cause removal from the program.

I understand all volunteers are required to agree to a background check to be completed by either Cecil County Department of Community Services (55+) or Cecil County Public Library.

Signature

Date