

Group Volunteer Application Form



Group Leader Information:

First Name _____ Middle Initial _____ Last Name _____
 Street Address _____
 City _____ State _____ Zip _____ Email _____
 Phone 1 _____ Phone 2 _____
 Position in Group _____

Group Information:

Group's Name _____
 Web Address _____
 Group Mission _____

How many volunteers in each age group? 12 - 14 _____ 15 - 17 _____ 18+ _____

Group Volunteer Interests:

At which library would you like to volunteer?

Bensalem	Doylestown	Langhorne	Levittown
Perkasie	Quakertown	Yardley	

For each day, indicate times you are available to work two-or-three-hour shifts

Mon: ___to___ Tues: ___to___ Wed: ___to___ Thu: ___to___ Fri: ___to___ Sat: ___to___ Sun: ___to___

Please mark the type of work your group members would like to do:

Book Sale Assistant	Building Caregiver	Collection Care Assistant	Community Ambassador
Greeter	Grounds Caregiver	Holds Processor	Shelf Organizer
Special Events Assistant	Not Sure		

Volunteering

How will volunteering at the library help you meet your group's goals?

Skills

What special interests and skills does your group have that will help us to match you with the best assignment?

