



Lower Macungie Library Volunteer Application

Thank you for your interest in volunteering. Please note that the Library's main need is for help with **SHELVING**. This involves the ability to stand for at least a 2-hour shift, lifting stacks of books, and pushing heavy carts. Please complete all questions and sign the form before submitting it.

Name: _____
Address: _____
Email: _____
Phone(s): _____

EDUCATION

High school/GED

Name of school & location: _____
Dates attended: _____

College/University

Name of school & location: _____
Dates attended: _____
Degree/Area of Study : _____

College/University

Name of school & location: _____
Dates attended: _____
Degree/Area of Study: _____

SKILLS

Computers (circle all that apply): Word Windows Internet Explorer Other (specify): _____
Foreign language (circle all that apply): Chinese Hindi Spanish Other (specify): _____
Special skills (please describe): _____

WORK EXPERIENCE (please list employers/organizations for which you have most recently worked)

REFERENCES

Please list one work reference and one personal reference with contact numbers:

- 1)
- 2)

Why are you interested in volunteering at Lower Macungie Library?

When would you be available to volunteer? Check all that apply:

Ongoing projects (working with a weekly schedule) Short-term projects On-call as needed

Time slots you have available. Our regular hours are Mon 10-9, Tues 10-8, Wed 10-8, Thurs 10-8, Fri 9-5, Sat 9-5:
(Indicate the hours you are available; e.g., 10-2)

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

How did you learn about Lower Macungie Library's volunteer program? _____

Signature: _____ Date _____

Please return application to: Lower Macungie Library, 3450 Brookside Road, Macungie, PA 18062