



YOUNG ADULT VOLUNTEER APPLICATION (13-17 Years Old)

Qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or disability. The use of this application does not create a contract between you and York County Library System. It does not indicate that there are positions open and does not in any way obligate you or York County Library System. Only candidates that will be given further consideration will be notified. Please answer all questions as completely as possible and email the application to volunteering@yorklibraries.org. You can also print and return your application to the library you wish to volunteer.

Contact Information:

Last Name _____ First Name _____ Middle Initial _____
Street _____ City _____ State _____ Zip Code _____
Phone Number _____ Email Address _____
Birthday – Month & Day _____ Today’s Date _____ Available Date _____
Current Grade: _____ School: _____

Library Location - Where do you want to volunteer?

- Glen Rock Collinsville- Brogue Kaltreider-Red Lion Kreutz Creek-Hellam
- Glatfelter- Spring Grove Guthrie-Hanover Paul Smith- Shrewsbury Red Land-Etters
- Martin-York Mason-Dixon- Stewartstown Dover
- Village-Jacobus Dillsburg

General Areas of Interest - What type of position are you interested in?

- Shelving books Other _____
- Helping customers _____

Availability - During which hours are you available for volunteer assignments? Check all boxes that apply.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please list any experience, special skills, or hobbies that may qualify you for a volunteer position:

(Examples: computer skills, member of a book club, enjoy working with children, like to tell stories, etc.)

Please indicate why you are interested in volunteering at a public library in York County or why you love libraires:

1. _____
2. _____

Please list two references with phone number:

1. _____
2. _____

Agreement, Authorization and Release - Please read carefully before signing.

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge or refusal of a volunteer position by York County Library System.

I understand and acknowledge that this is an application for a volunteer position and that nothing contained in this application or in the granting of an interview is intended to create a contract of employment.

I understand and agree that all information furnished in this application may be verified by York County Library System. I also understand that any offer of a volunteer position is subject to a satisfactory check of references. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give York County Library System all information relative to my work habits and character and hereby release such individuals, organizations and the Library from any liability for any claim or damage which may result.

Signature / Date