



Volunteer Application

- Please fill out this form if you are interested in volunteering for the Chesapeake Public Library.
- Please apply only if you are 12 years of age or over. Submitting a volunteer application does not guarantee a volunteer position.
- If you are arranging court-ordered community service hours, please call Library Administration at 410-7107.
- Summer applications will be processed in the order of receipt between May 1st and July 15th each year. *Summer applications will not be accepted prior to May 1st.*
- Required fields are marked by an asterisk (*) PLEASE PRINT

Date:* _____

Personal Information

First Name: * _____

Middle Initial: * _____

Last Name: * _____

Email Address: * _____

(To verify accuracy please retype your email address) *

Phone Number (please include area code): * _____

Street Address: * _____

City/County: * _____ Zip Code: * _____

Age: * 12 – 17 18 or over

Education: Middle School High School College

College Major: _____

(If applicable, what was your major and degree or certification?)

At which branch would you like to volunteer? * Please number in order of priority if more than one branch is chosen.

- Central – 298 Cedar Road - Priority # _____
- Major Hillard – 824 Old George Washington Hwy N. - Priority # _____
- Greenbrier – 1214 Volvo Parkway - Priority # _____
- South Norfolk – 110 Poindexter Street - Priority # _____
- Dr. Clarence V. Cuffee – 2726 Border Road - Priority # _____
- Indian River – 2320 Old Greenbrier Road - Priority # _____
- Russell Memorial – 2808 Taylor Road - Priority # _____

Which Library Department are you interested in? * Please number in order of priority if more than one department is chosen.

- Circulation - Priority # _____ Children's - Priority # _____
- Reference - Priority # _____ Special Events - Priority # _____
- Collection Management (available at Central Library only) - Priority # _____
- Other - please explain: _____ - Priority # _____

Volunteer experience:

Do you have previous volunteer experience? Yes No

If yes, what type of volunteering and where?*

Availability:

Please tell us which days of the week are best for you. Also, tell us what time of day you are available. For example, morning (9:00 a.m. - 12:00 noon), early afternoon (12:00 noon – 3:00 p.m.), late afternoon (3:00 – 6:00 p.m.), or evening (5:00 – 8:00 p.m.).

Reason for volunteering: _____

For Teens: *If you are between 12 and 17 years of age, please complete this section..

Grade and School: _____

Reason for volunteering?

- Summer - Hours needed* _____
- School - Hours needed* _____
- Other-(not court-ordered community service) _____
Hours needed * _____

Note: Summer applications *will not be accepted prior to May 1st.*

Children's Summer Reading Program Volunteer

Children's summer reading program volunteer applications are processed in the order of receipt between May 1st and July 15th each year. **Summer applications will not be accepted prior to May 1st.**

Do you have previous summer library volunteer experience with the Chesapeake Public Library System? Yes No

If yes, please tell us a little bit about what you did and at which location as a summer volunteer.*

Parental/Guardian Consent:*

For participants ages 12-17 parental/guardian consent is required.

I am the parent/legal guardian (circle one) of _____, who is under 18 years of age. I hereby give express consent for him/her to participate in the Youth Volunteer Program or Children's Summer Reading Volunteer Program, if selected.

PRINT name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

Please return this completed application to your area library or mail to:

Chesapeake Public Library, ATTN: Administration - Volunteer Coordinator
298 Cedar Road Chesapeake, VA 23322

Library staff will be contacting you soon to set up an interview. Thank you for your interest!

