

Application for Volunteer Service



It is our policy to employ personnel strictly on the basis of an individual's qualifications. Selections are made without regard to race, color, creed, sex, age, national origin, marital status, physical or mental disability, sexual orientation or genetic information (Article 49B, Annotated Code of Maryland).

Instructions: Applicants must be at least 14 years of age. Please type or print your answers in ink. 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 by mail to:

**Elkton Library
Attn: Cindy Reeser
301 Newark Avenue
Elkton, MD 21921**

I. Personal Information

Name: _____ Last First M.I.
Address: _____ Street Apt#

City State Zip
Telephone: _____ Home Cell
Email Address: _____ Indicate if: <input type="checkbox"/> Under Age 18
Primary method of notification: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email
Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? _____

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.

Signature

Date

Parental Permission
(Required for all volunteers under 18 years of age)

My son/daughter _____ is permitted to perform volunteer services for Cecil County Public Library. This permission is intended to extend to any duties or services deemed appropriate by the Cecil County Public Library.

Signature of Parent/Guardian

Date