



Peters Township Public Library Volunteer Application

616 East McMurray Road
McMurray, PA 15317
724.941.9430
www.ptlibrary.org

Date: _____

Name: _____

Address: _____

City: _____ Zipcode: _____

Telephone: _____ Email: _____

Age: 12-15 16-18 19-25 26-36 37-54 55-64 65+

Are you volunteering for a community service requirement? Yes No

Number of hours to fulfill: _____

To be completed by: _____

Organization/Institution: _____

School: _____

Short-term assignment volunteer? Yes No

Organization: _____ School: _____

What days/hours are you available for volunteer work? _____

Do you have computer skills? Please specify. _____

Do you have any physical limitations that might restrict your activity? Yes No

If yes, please describe. _____

Do you have any special skills or interests? _____

Education: _____