



Date: _____

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Age: _____ *(must be at least 13 years old)* Date of Birth: _____

Social Security Number: _____ *(for adults 18 and older, necessary for background check)*

In case of emergency, whom should we call?

Name: _____ Phone: _____

If you are performing Community Service work, either mandatory or voluntary, and need credit for the number of hours you work, please fill in this section.

Name of agency, school, or organization requiring Community Service:

Contact person/advisor/probation officer: _____

Phone: _____ Number of hours assigned: _____

Deadline for completion, if any: _____

As a volunteer at the library, what do you think you would most enjoy doing?

Please list any past volunteer/work experience you feel might be useful to us:

List any hobbies, activities, computer skills or interests that would be helpful to us in placing you in a volunteer position: _____

Please list your availability for when you would like to volunteer:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

I understand that, as a volunteer, I will be assigned to perform whatever duties the library considers most necessary and helpful to its operation. I also understand that my work will be reviewed and my services at the library may be concluded at any time, either by the library or by myself.

I understand that activities are voluntary and I am participating at my own risk. I agree to take all reasonable steps to prevent injury to myself and others while performing my volunteer duties. In the event that I am injured while volunteering in the library, I hereby release and hold the Lower Providence Community Library, its Board of Trustees, and its employees harmless for any injuries I sustain.

I agree to abide by the policies of the Lower Providence Community Library. I agree to keep confidential all library user information or library records I may encounter.

I understand that the Lower Providence Community Library requires a criminal history and background report for adult volunteers and give my consent to the library to obtain this information. *(Adult volunteers whose responsibilities include working directly with children, such as conducting a story time, gaming, or other program for children, are required to have a current PA criminal background check, a child abuse clearance, and an FBI clearance—FBI clearance may be waived for PA residents with 10 years continuous residency.)*

By signing this application, I acknowledge that I have read, understand, and agree to the above statements.

Signature _____ Date _____

Parent/Guardian Signature: _____

Print: _____

Parent's Signature is required on any volunteer applicant under 18 years of age.

Revised 11/4/2015