

# Community Library of the Shenago Valley Volunteer Application

Please complete this form in its entirety.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Wk/Cell)

E-Mail Address: \_\_\_\_\_

Age:  14-17  18-+

**Emergency Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Do you have your Clearances:**  Yes  No

(you will need your PA Child Abuse and Pennsylvania State Police Criminal History Clearances if over 18)

**Have you volunteered at a library before?**  Yes  No

If Yes, which library? \_\_\_\_\_

**Do you have any special skills or interests?**

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**Do you have any physical limitations that might restrict your activity?**

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**Briefly list your work experience, both paid and volunteer:**

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**Check any of the categories that interest you:**

Shelving Adult Material  Shelf Reading  Shelving Children Material  Cleaning Kids Toys

DVD Organizer  Educational Resource Center  CD Organizer  Dusting  Program Prep

**What days and times are you available to work?**

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					Not Available

**Have you been convicted of a felony or a misdemeanor other than a minor traffic violation?** *(Conviction of a crime is not necessarily a bar to volunteering. All cases will be reviewed individually.)*

Yes  No

**If yes, please explain:**

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**Are you volunteering as a School requirement?**  Yes  No

**If Yes:**

**Number of hours needed:** \_\_\_\_\_

**To be completed by:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Please provide a reference that we may contact on your behalf:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Volunteer Agreement**

My signature authorizes the Community Library of the Shenango Valley to verify any of the information on this application and to secure information from personal references. I understand that as a volunteer I am not entitled to monetary compensation for the work that I perform or be entitled to worker's compensation or group benefits in the event of injury. The Community Library of the Shenango Valley Volunteer Program reserves the right to evaluate volunteers sometime after placement and the right to terminate the volunteer's services should responsibilities not be fulfilled satisfactorily.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**For Library Use:**

**Job they are to do at the library:**

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**When they will be volunteering at the library:**

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