



Volunteer/Community Service Application

24 N. Reading Ave.
Boyertown, PA 19512
610-369-0496

According to PA State Law, volunteers ages 18 and older, who work directly with or interact with children must provide a criminal background, child abuse clearances and FBI finger print clearance (if lived outside of PA within 10 years).

NAME:

ADDRESS:

CITY/ZIP:

HOME PHONE:

EMAIL:

WORK PHONE:

EMERGENCY CONTACT & PHONE:

OCCUPATION:

EMPLOYER:

(Volunteers between 14 & 17 years of age and their parents must also read and sign page 2 of this form.)

Please mark the tasks that you are interested in:

- | | | |
|---|---|--|
| <input type="checkbox"/> Shelving | <input type="checkbox"/> Event Outreach | <input type="checkbox"/> Special projects _____ |
| <input type="checkbox"/> Craft Preparation | <input type="checkbox"/> Summer Reading Program | <input type="checkbox"/> Handyman/woman Projects |
| <input type="checkbox"/> Programming Assistance | <input type="checkbox"/> Donation Preparation (for book sale) | <input type="checkbox"/> Teach computer classes |
| <input type="checkbox"/> Substitute Storyteller | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Other _____ |

Are you required to perform service hours for another agency or organization?

Agency: _____

Contact name: _____ Phone: _____

Number of hours required : _____ Completion date: _____

What special skills, interests, or training do you have?

Please describe any particular goals or expectations that you have regarding volunteering at the library:

When are you available to volunteer? Please check all that apply:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 10 – 12	<input type="checkbox"/> 10 – 12	<input type="checkbox"/> 10 – 12	<input type="checkbox"/> 10– 12	<input type="checkbox"/> 10 – 12	<input type="checkbox"/> 10 – 12
<input type="checkbox"/> 12 – 2	<input type="checkbox"/> 12 – 2	<input type="checkbox"/> 12 – 2	<input type="checkbox"/> 12 – 2	<input type="checkbox"/> 12 – 2	<input type="checkbox"/> 12 – 2
<input type="checkbox"/> 2 – 4	<input type="checkbox"/> 2 – 4	<input type="checkbox"/> 2 – 4	<input type="checkbox"/> 2 – 4	<input type="checkbox"/> 3 – 5	<input type="checkbox"/> 3– 5
<input type="checkbox"/> 4 – 6	<input type="checkbox"/> 4 – 6	<input type="checkbox"/> 4 – 6	<input type="checkbox"/> 3 - 5		
<input type="checkbox"/> 6 – 8	<input type="checkbox"/> 6 – 8	<input type="checkbox"/> 6 – 8			

I understand that my volunteer work is an important commitment to the Library. When I cannot work at the assigned time, I will notify the Library as soon as possible so that a substitute may be called.

Signature _____ Date _____

Additional Information for 14 to 17 year old Volunteers

- You must be at least 14 years old to volunteer at the Boyertown Community Library.
- You must be able to get to the Library and home again at your scheduled time.

I have read this additional information for Youth Volunteers and will fulfill my commitment faithfully. When I cannot work at my assigned time, I will notify the library. When I no longer want to volunteer, I will contact the Director.

Volunteer Signature _____ Date _____

Parent Signature _____ Date _____

Are there any health considerations for this Youth Volunteer that we should know about?

(For Library use only)

Interview Date _____ Interviewer _____ Orientation _____ Training _____

Assigned day and time _____

Start date _____

add to schedule

training _____

Notes: _____
