



APPLICATION FOR VOLUNTEER SERVICE			TODAY'S DATE
LAST NAME	FIRST NAME	MI	STAFF USE ONLY <input type="checkbox"/> 2 FORMS <input type="checkbox"/> \$20 <input type="checkbox"/> RECEIPT <input type="checkbox"/> CODE OF CONDUCT <input type="checkbox"/> EMERGENCY CONTACT <input type="checkbox"/> CHANGE PATRON TYPE to VOLUNTEER <input type="checkbox"/> PROOF OF ID <hr/> <hr/>
ADDRESS		PHONE	
CITY	STATE	ZIP	
EMERGENCY CONTACT		CONTACT'S PHONE	
ARE YOU 18 OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT AGE	BIRTH DATE	
NOTE: Completion of 6th Grade is a minimum requirement for youth volunteers			
HAVE YOU HAD A CRIMINAL BACKGROUND CHECK <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES GIVE DATE		
HAVE YOU HAD A CHILD ABUSE BACKGROUND CHECK <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES GIVE DATE		
ARE YOU APPLYING FOR COMMUNITY SERVICE <input type="checkbox"/> YES * <input type="checkbox"/> NO			
* IF YES GIVE REASON			
WHAT IS THE REPRESENTING ORGANIZATION TO WHICH YOU WILL REPORT YOUR HOURS			
HAVE YOU WORKED IN A LIBRARY BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY HOURS PER WEEK WOULD YOU LIKE TO VOLUNTEER?		
ARE YOU WILLING TO VOLUNTEER FOR SPECIAL EVENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO BE ON CALL WHEN SOMEONE IS SICK <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHAT HOURS ARE YOU AVAILABLE (IF POSSIBLE THE LIBRARY PREFERS A MINIMUM OF 2-3 HOURS SHIFT; FYI LIBRARY HOURS ARE MON, TUE & THU 10am-8pm, WED, FRI, SAT 10am-2pm)			
WHAT DATE WOULD YOU LIKE TO START?			
HOW DID YOU HEAR ABOUT THE VOLUNTEER PROGRAM?			
YOUR SIGNATURE			
COMMENTS			
<p style="text-align: center;">THANK YOU FOR TAKING THE TIME TO FILL IN THIS APPLICATION! WE LOOK FORWARD TO WORKING WITH YOU!</p>			

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