



# Upper Dublin Public Library Application for Volunteer Service

Please Print Clearly

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

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

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

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_  I Do Not Wish to Receive Library eNews

Please list your age only if you are under 18 (ages 15+ are eligible): \_\_\_\_\_

Years Completed in School \_\_\_\_\_ Occupation \_\_\_\_\_

Skills that would be useful to the library (please describe):

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Hobbies or interests:

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Please describe your experience with libraries:

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Please describe any previous volunteer experience:

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In what type of volunteer work are you most interested?

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What hours are you available? We ask our volunteers to commit to a minimum of 3 hours per week either indefinitely or for the duration of a project.

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**Do you have any limitations that might prevent you from completing certain tasks, such as bending, lifting, standing for lengthy periods of time, etc?**

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**How did you learn about volunteer opportunities at the Upper Dublin Public Library?**

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**Please list 2 personal references**

Name	Address	Telephone

**Person to contact in case of emergency:**

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

**Phone:** \_\_\_\_\_

I understand that, as a volunteer, I will be assigned duties the Upper Dublin Public Library considers most necessary and appropriate. I also understand that my work will be reviewed and my services at the Library may be concluded at any time. By signing this application, I agree to abide by the policies of the Upper Dublin Public Library and to keep confidential all library user information or library records I may encounter.

My signature authorizes the Upper Dublin Public Library to verify any of the information on this application and to secure information from personal references. I understand that I may be subject to a background check and will provide the information necessary to authorize such a check. If required, I agree to pay for, at my own expense, both the Child Abuse History Clearance and FBI Background Check with the understanding that volunteering at the Library is contingent upon the results of these background checks.

I have read, understand, and by my signature consent to these statements.

**Signature of volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parental approval (for those under 18):** \_\_\_\_\_ has my  
(name)  
permission to work as a volunteer at the Upper Dublin Public Library.

**Signature of parent/guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_