

Spring Township Library
Volunteer Application

Village Square
78-C Commerce Drive
Wyomissing, PA19610
(610) 373-9888

NAME:	
MAILING ADDRESS:	CITY/ZIP:
HOME PHONE:	EMAIL:
WORK PHONE:	EMERGENCY CONTACT & PHONE:
OCCUPATION:	EMPLOYER:

(Volunteers between 14 & 16 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"/> Adult area shelver | <input type="checkbox"/> Repair and maintenance of materials | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Children's area shelver | <input type="checkbox"/> Process donations for cataloguing | <input type="checkbox"/> Newsletter |

Are you required to perform service hours for another agency or organization? If so, please name the agency and the number of hours required.

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

To best meet your needs, please describe any particular goals or expectations that you have regarding volunteering at the Spring Township Library:

What days 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"/> 2 – 4
<input type="checkbox"/> 4 – 6	<input type="checkbox"/> 4 – 6	<input type="checkbox"/> 4 – 6	<input type="checkbox"/> 4 – 6		<input type="checkbox"/> 4 – 6
<input type="checkbox"/> 6 – 8	<input type="checkbox"/> 6 – 8	<input type="checkbox"/> 6 – 8	<input type="checkbox"/> 6 – 8		

I understand that my volunteer work is a commitment. 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 Spring Township 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 Services 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: _____
