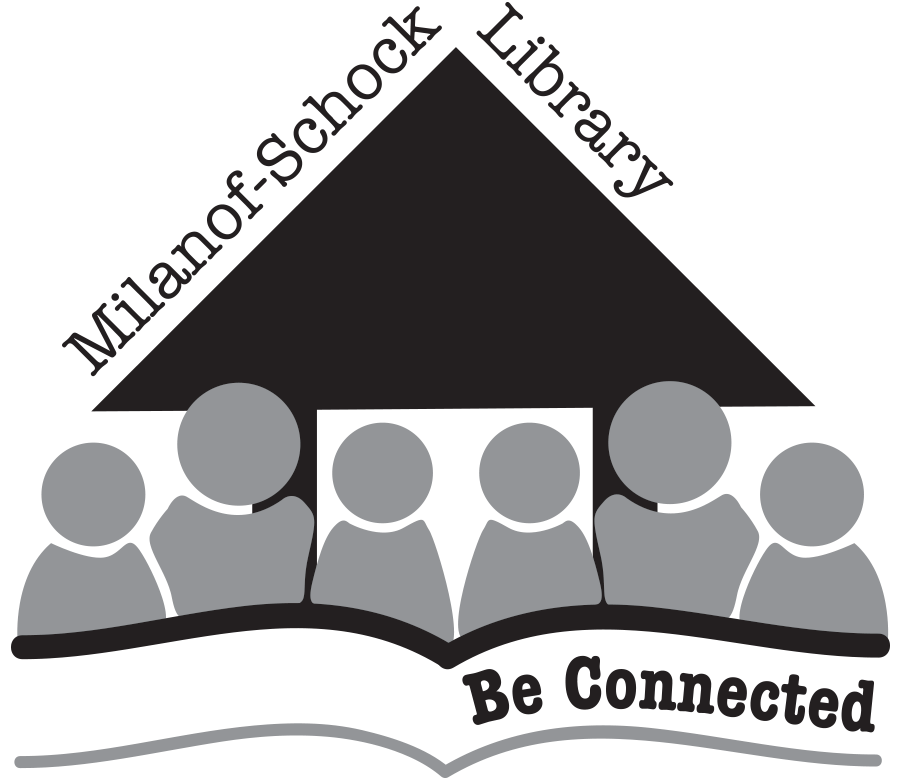
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Milanof-Schock Library Volunteer Application

1184 Anderson Ferry Rd, Mount Joy, PA 17552

\*Applicants must be at least 14 years old.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| Birthdate: *(only if under 18 years old)* |  | Phone #: |  |
| eMail Address: |  | | |
| Emergency Contact |  | | |
| Relationship: |  | Phone #: |  |

|  |
| --- |
| What led you to want to volunteer at the Library? |
|  |
| Do you have any previous library or volunteer experience? If so, where, what and when? |
|  |
| Do you have any special interests or skills you could share with us? (Technology, foreign language, etc.) |
|  |

Please read and respond to the following statements.

* I can climb a two-step stool without assistance.  YES  NO
* I can carry 5 pounds or more.  YES  NO
* I can kneel and reach low and high shelves.  YES  NO
* I enjoy teaching others new skills.  YES  NO
* I enjoy gardening/yard work.  YES  NO
* I have worked on PR and or fundraising projects in the past.  YES  NO
* I would like to be a regularly scheduled volunteer  YES  NO
* I would like to volunteer for occasional events or projects  YES  NO

What is your availability?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |

*Applicants are considered for volunteer positions without regard to race, religion, sex, national origin, disability and other characteristics protected by law.*

I understand that if I am contacted to become a volunteer for the Milanof-Schock Library I will be asked to present a valid form of identification during the initial interview and to sign a confidentiality statement. I further understand that background checks are required (Police Clearance & Child Abuse Clearance) for volunteers aged 18 and older.

Signature:

Date:

Once you have submitted this application you will be contacted for an interview. Thank you for your interest in volunteering with the Milanof-Schock Library!

|  |  |  |
| --- | --- | --- |
| ***If you are under 18***, we require a parent’s approval to enroll you as a volunteer at the Library.    I am the parent of the person named above and he/she has permission to volunteer at the Library. | | |
|  |  |  |
| Parent’s Name (please print) |  | Date |
| Parent’s Signature |  |  |