



Milanof-Schock Library Volunteer Application
1184 Anderson Ferry Road, Mount Joy, PA 17552
*** Applicants must be at least 14 years old.**

Name:					
Address:					
Are you 18 or older?		If no, birthdate:		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.)

I am interested in doing these tasks: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Shelving books | <input type="checkbox"/> Light housekeeping |
| <input type="checkbox"/> Shelf-reading | <input type="checkbox"/> Helping at special events |
| <input type="checkbox"/> Grounds Crew / Gardening | <input type="checkbox"/> Joining our Friends group |
| <input type="checkbox"/> Other: _____ | |

What type of volunteer service interests you? (Please check one)

- Year-round Summer only School-required service Court-ordered service

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