



DATE:

Beaver Area Memorial Library
Beaver County Library System Member
100 College Avenue
Beaver, PA 15009
724-775-1132

VOLUNTEER APPLICATION FOR ADULTS

Applicant Information

FULL NAME: Last First M.I.

ADDRESS: Street Address Apt./Unit #
City State Zip Code

PHONE: CELL:

Type of service you can provide:

Availability: Mon. Tues. Wed. Thurs. Fri. Sat. Mornings Afternoons Evenings

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Community Service

Are you seeking hours for court appointed community service? Yes No

If you answer YES:

Total number of community service hours assigned

Total number of hours you would like to serve at the Library

Deadline: / / Do you need confirmation of hours served in writing? Y N

Clearances

Pennsylvania State Police Criminal Record Check	Y	N	Date:
Pennsylvania Child Abuse History Clearance	Y	N	Date:
Federal Criminal History Report (FBI fingerprinting) or notarized waiver	Y	N	Date:

Disclaimer and Signature

I would like to be a Volunteer at the Beaver Area Memorial Library. I agree to follow the Library's policies and procedures and to show respect to the Library Staff and members of the public who use the Library. I will do the jobs assigned to me promptly and cheerfully. I will take good care of the Library's property.

Signature:

Date:

VOLUNTEER WORK PREFERRED (please check all areas of interest):

- | | |
|--|---|
| ☐ Adopt-a-Section (Shelf-Reading) | ☐ Shelving |
| ☐ Cleaning Books/Dusting Shelves | ☐ Friends of the Library |
| ☐ Help with Bulk Mailing | ☐ Help with Special Events |
| ☐ General Housekeeping (e.g. dusting, windows, restrooms) | |

Please list any skills and special knowledge you have which might be beneficial to the library. (e.g. clerical, computer, working with children, art, photography, etc.)

AVAILABILITY:

Would you prefer to have a regular work schedule or work on special projects with a more flexible time frame?

How many hours per week/month would you have to give to the Library?

Which days/times are you available to volunteer? _____

Do you have any physical limitations that might restrict your activity? (Please specify)

I understand that the Beaver Area Memorial Library has the right to evaluate all applicants and will not accept a volunteer who would jeopardize the materials and services of the library or the safety of the library staff and patrons.

I understand that as a Beaver Area Memorial Library volunteer I may come in contact with confidential information. I agree to protect this information in compliance with the Pennsylvania Law and will not divulge any information during or after my services as a volunteer.

I agree to abide by all library policies and understand that as a library volunteer I am a representative of the library and must portray a positive image at all times.

Applicant's Signature

Date:

Parent/Guardian Signature:

Date:
