

APPLICATION FOR SERVICE HOURS (YA)

Name _____ Grade _____

Birth Date (MM/DD/YYYY) _____

Parent/Guardian _____ (if under 18 yrs.)

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email (not a school email) _____

If volunteer hours have been assigned by school or another program, please indicate:

Name of school/program: _____

Number of hours: _____

Date by which hours must be completed: _____

Please list any physical limitations and/or allergies the library should know about:

Please list any special interests, skills or hobbies:

Have you had previous volunteer experience? Yes No

If "Yes", please answer the following questions:

Name of Organization _____

What did you do as a volunteer?

Why would you like to volunteer at the Library?

Emergency Contact:

Please provide contact names and numbers, in case of emergency.

Name Relationship Phone

Name Relationship Phone

Applicant's Statement:

I certify that the information on this application is true and correct and acknowledge that falsification of this application is grounds for disqualification.

I understand that, as a volunteer, I will be assigned to perform whatever duties the library considers most necessary and helpful to its operation. I also understand that my work will be reviewed and my services at the library may be concluded at any time. I understand that activities are voluntary and I am participating at my own risk. By signing this application, I agree to abide by the Abington Township Public Library policies. I agree to keep confidential all library user information or library records I may encounter.

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

Volunteer's Name (Please Print) Date

Volunteer's Signature Date

Parent/Guardian's Name (Please Print) Date

Parent/Guardian's Signature Date

Teen Volunteer Agreement

As a Teen Volunteer, I Agree:

- To adhere to all Abington Township Public Library policies and procedures
- To arrive on time and check in with staff upon arrival at my volunteer location
- To call my supervisor as soon as possible, if I am unable to report to my volunteer position

As a Parent/Guardian, I Agree:

- To encourage my teenager to strive for good work habits and attendance
- To make sure my teenager arrives on time and is picked up at the end of their volunteer time.
- To emphasize the importance of my teenager's responsibility

Medical Emergencies Involving Minors

In the event that a parent or legal guardian of a minor cannot be reached in a medical emergency, the Abington Township Public Library is authorized to arrange for emergency medical treatment, the cost of which will be the sole responsibility of the parent or legal guardian.

Media Consent

I give my consent to the Abington Township Public Library to use interviews, photographs or video of a minor child for the purposes of education, communication and promotion of the library. I release the library from any expectation of confidentiality for my child.

Volunteer's Name (Please Print)

Date

Volunteer's Signature

Date

Parent/ Guardian's Name (Please Print)

Date

Parent/Guardian's Signature

Date

Staff Use Only

Staff Signature

Date