



Volunteer Application

The Library requires all volunteers age 18 and older to submit the following clearances:

- **Pennsylvania Criminal History Clearance**
- **Child Abuse History Clearance**
- *If you have not lived in Pennsylvania for 10 consecutive years, FBI Criminal Background Clearance*

***All documents are required before your volunteer application will be considered.**

Last Name	First Name	Middle Initial
Home Address	City	Zip Code
Home Phone	Cell Phone	Email
Employer Name		
School Name	Grade	
The Library accepts volunteer applications from those age 14 and older. Are you 14 or older? Yes No (Circle one)		
Interest/Skills		
Experience (note whether work or volunteer related)		<p style="text-align: center;"><u>Office Use</u></p> <p>Received: _____</p> <p>Orientation: _____</p> <p>Placement: _____</p>

Day of the Week and Hours Preferred (Two hours per week is a typical volunteer shift.)

Library Preferred (check all that apply)

East Shore Area Library
4501 Ethel Street, Harrisburg

McCormick Riverfront Library
101 Walnut Street, Harrisburg

William H. & Marion C. Alexander Family Library
200 W. 2nd Street, Hummelstown

Madeline L. Olewine Memorial Library
2410 N. 3rd Street, Harrisburg

Kline Library
530 S. 29th Street, Harrisburg

Johnson Memorial Library
799 E. Center Street, Millersburg

Elizabethville Area Library
80 N. Market Street, Elizabethville

Northern Dauphin Library
683 Main Street, Lykens

Personal References Please list two people (non-family) who know you well and can attest to your character, skills and dependability. *This section must be completed for consideration.*

Name/Organization

Relationship

Email

Phone

1)

2)

In case of emergency, please notify:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Fill in the blanks for community service requests

_____ requires me to complete _____ by _____.
Name of school, church, or civic group # of hours Date

– OR –

The Accelerated Rehabilitative Disposition (ARD) Program/court has ordered that I complete _____
by _____. # of hours
Date

I have attached the Court Document that states the offense/charges. This document must be included before application is considered.

Please read the following carefully before signing and dating.

Acknowledgment, Authorization, and Release

All the information I have provided on this application and in connection with the application is correct and true to the best of my ability. I understand that any false, misleading or incomplete answer or statement or implications made by me in connection with this application or other required documents, or failure to disclose any relevant information, shall result in the denial of a volunteer position or dismissal from the volunteer program. I further understand that nothing contained in this application is intended to create a contract for the providing of any benefit or to obligate Dauphin County Library System in any way. If a volunteer position is established, I understand that I will have the right to terminate my volunteer position for any reason at any time, and the Dauphin County Library System retains the same right. No promises, statements, or representatives are binding on Dauphin County Library System. In consideration of my receipt of this application and being considered for a volunteer position, I hereby release Dauphin County Library System, its directors, officers, principals, employees, and agents from any and all liability, real or potential, for seeking such information and all other persons, corporations, or organizations for furnishing such information to Dauphin County Library System.

Signature of Volunteer _____ Date _____

Parental Permission Form for Volunteer Service (if under 18 years of age)

The Dauphin County Library System is pleased to provide our volunteers with a positive experience. Most volunteer activities do not require special skills. Please be aware that The Library cannot guarantee that a volunteer experience will be available at the time of your request.

The Library guidelines state that volunteers must be 14 years of age or older, or participating in a recognized church, school, or community program requiring community service. We have specific tasks and responsibilities, some of which are suited for our younger volunteers. We make every effort to provide a safe and rewarding experience. We require that our volunteers log in and out at the beginning and end of their daily commitment. If any volunteer fails to comply with this, they may be excused from the program.

I grant permission for my child to volunteer at Dauphin County Library System.

Parent/Guardian's Name (Print) _____

Parent/Guardian's Signature _____ Date _____

Address (Print) _____

Phone Number _____



Dauphin County Library System Statement of Confidentiality

As a volunteer for the Dauphin County Library System, I understand that some of the duties I will be accomplishing will involve information that will be considered confidential.

I acknowledge my responsibility to respect the confidentiality of the employees, volunteers, contributors and members of Dauphin County Library System and to follow established procedures that are designed to protect their privacy and the confidentiality of any and all information to which I am exposed.

I further understand that if I am found acting in an indiscreet, inappropriate or illegal manner involving confidential material or not protecting the privacy of an employee, volunteer, contributor or member my service as a volunteer may be terminated. I understand this action to be necessary in order to maintain the high professional standards required by law and of Dauphin County Library System.

Signature of Volunteer _____ Date _____

Permission to Use Photograph

I grant permission to Dauphin County Library System, its representatives and employees the right to take photographs of me and my property in connection with volunteering. I authorize Dauphin County Library System, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Dauphin County Library System may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

I have read and understood the above:

Signature _____

Signature of Parent
or Guardian(if under age 18) _____ Date _____

When your application is complete, return it to:

Dauphin County Library System, Volunteer Coordinator,
4501 Ethel Street, Harrisburg, PA 17109