

Application for Volunteer Service



Office Use
Received: _____
Attended: _____
Orientation Notes:

(Please Print)

Last Name	First Name	Middle Initial												
Home Address		Zip Code												
Phone (home):	(work):	*(cell):												
E-mail:														
Employer Name/Address:														
School Name/Address:		Grade:												
Occupation:														
Interests/Skills:														
Experience: Note whether Work or Volunteer related:														
Library Preferred:														
Days and Hours Preferred:														
<p>Personal References: Please list three people (non-family) who know you well and can attest to your character, skills and dependability. <i>This section must be complete for consideration.</i></p> <table border="1"> <thead> <tr> <th>Name/Organization</th> <th>Relationship</th> <th>Phone</th> </tr> </thead> <tbody> <tr> <td>1) _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2) _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3) _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Name/Organization	Relationship	Phone	1) _____	_____	_____	2) _____	_____	_____	3) _____	_____	_____
Name/Organization	Relationship	Phone												
1) _____	_____	_____												
2) _____	_____	_____												
3) _____	_____	_____												

Have you ever been convicted of a crime? Yes _____ No _____

Note: Conviction of a crime is not an automatic disqualification for volunteer work at DCLS

In case of emergency, please notify:

Name: _____ Phone # _____

Fill in the blanks for community service requests:

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

Organization name and address, phone or email:

_____.

OR

The ARD Program / court has ordered that I complete _____ by _____.
of hours Date

___ I have attached a Court Document that states the offense/charges involved. Application will not be considered until this document is presented.

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 Applicant _____ Date _____

Return this application to:

Dauphin County Library System, Volunteer Program Coordinator
101 Walnut Street, Harrisburg, PA 17101