The Library Volunteers
Explore. Give. Engage.

Volunteer Application

The Library accepts volunteer applications from those age 14 and older. The Library requires all volunteers age 18 and older to submit the following clearances: Pennsylvania Criminal History Clearance and Pennsylvania Child Abuse History Clearance. If you have not lived in Pennsylvania for 10 consecutive years, a FBI Criminal History Clearance is also required.

* ***Volunteers under the age of 14 must have a parent/guardian complete the Parental Consent Form and Waiver.***

Last Name	First Name	Middle Initial
Home Address	City	Zip Code
Home Phone	Cell Phone	Email
Employer Name		
School Name		Grade
Interest/Skills		
Experience (note whether work or volunteer related)		

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 _____ # of hours by _____.
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 Country 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.

Permission to Use Photograph or Video

To recognize the great work of our volunteers, we occasionally post photographs on our social media platforms including on our website or in print materials. Please provide your initials to consent for your photo, video image, and/or achievement(s) to be disclosed on social media, on the website, in print materials or released to the media.

I consent _____

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: **Date:**

When your application is complete, return it to: Dauphin County Library System, Volunteer Coordinator, at Human Resources, 200 W. 2nd St., Hummelstown, PA 17036 or by email it to dclsvolunteers@dcls.org or fax to 717-614-8400.

DISCLOSURE STATEMENT
APPLICATION FOR UNPAID/VOLUNTEER POSITION

Required by the Pennsylvania Child Protective Service Law
23 Pa.C.S. § 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking an unpaid/volunteer position and I **AM NOT** required to obtain the Federal Bureau of Investigations (FBI) Criminal History Clearance as:

- I have been a resident of Pennsylvania during the entirety of the previous 10-year period; **OR**
- I have received the FBI Criminal History Clearance from the Pennsylvania Department of Human Services (DHS) at any time since establishing residency in Pennsylvania and provided a copy of my result to the person responsible for the selection of volunteers.

I understand that the above exceptions do not apply to volunteers in a child day-care center, group day-care home or family child-care home.

I swear/affirm that I have not been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under federal law or the law of another state:

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children)

The attempt, solicitation or conspiracy to commit any of the offenses set forth above.

I swear/affirm that I have not been convicted of a felony offense under Act 64 of April 14, 1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five (5) years.

I swear/affirm that I have not been named in the Statewide database as a perpetrator of a founded report of child abuse within the past five (5) years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that, if I am arrested for or convicted of an offense listed on the previous page or am named as perpetrator in a founded or indicated report of child abuse, I must provide the administrator or designee with written notice not later than 72 hours after my arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database. I understand that, if I willfully fail to disclose this information, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including termination from or denial of a volunteer position.

I understand that, if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested for or convicted of an offense listed on the previous page or was named as perpetrator in a founded or indicated report of child abuse, or I have provided written notice of a new arrest, conviction, or notification of substantiated child abuse as described above, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications and the cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that certifications obtained for volunteering purposes may only be used to apply to volunteer or to serve as a volunteer and cannot be used for employment purposes.

I understand that nothing in the Child Protective Services Law (23 Pa.C.S. Chapter 63) shall be interpreted to otherwise interfere with the ability of the employer or other person responsible for a program, activity or service from making employment, discipline or termination decisions or from establishing additional standards as part of the hiring or selection process for employees or volunteers.

I understand that the employer, administrator, supervisor, other person responsible for employment decisions or other person responsible for the selection of volunteers is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to 18 Pa.C.S. § 4903 (relating to crimes and offenses).

Applicant:		Signature:		Date:	
Witness:		Signature:		Date:	

If the volunteer is a minor:

Parent or Guardian:		Signature:		Date:	

Dauphin County Library System
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT provided by Dauphin County Library System (DCLS), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Dauphin County Library System (DCLS) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that DCLS and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____	_____	_____	_____
Participant's Signature (Please print legibly.)	Date	Participant's Name	Age

_____	_____
Parent/Guardian Signature	Date

(If under 18 years old, Parent or Guardian must also sign.)

Parental Consent for Minor Volunteers

Volunteers under 18 who are not accompanied by a parent or legal guardian are required to bring a signed waiver form prior to or on the day of the volunteer project. Without it, the minor will not be able to volunteer. A parent or legal guardian of each minor must read and agree to the following:

By signing this form, I, the parent, or legal guardian of the named below, consent to the child's participation in the volunteer activities at the Dauphin County Library System. I understand that the child will be provided with orientation and training necessary for the safe and responsible performance of the volunteer duties and will be expected to meet all requirements of the position, including compliance with the Dauphin County Library System policies and procedures. I understand that my child will receive no monetary compensation for this work.

I also understand that inherent risks may be associated with volunteer activities and that the Volunteer Application and Waiver of Liability is made on behalf of my minor child. I will not hold the Dauphin County Library System accountable or liable for any injuries that unintentionally result from the child's participation, or that arise during the time spent volunteering due to any underlying physical condition.

I _____ give permission for my child, _____,

who is _____ years old to volunteer at the Dauphin County Library System.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Email Address: Parent/Guardian Phone Number:

_____ _____

In the event of an emergency please contact the following person:

Emergency Contact Name: Relationship:

_____ _____

Emergency Phone Number:

_____

Photo and Media Release

To recognize the great work of our volunteers, we occasionally post photographs on our social media platforms including on our website or in print materials. Please let us know your preference by checking the appropriate line on the options below.

☐ I give permission for my child's name, photo, video image, and/or achievement(s) to be disclosed on social media, on the website, in print materials or released to the media.

☐ I do not want my child's name, photo, video image, and/or achievement(s) disclosed on social media, on the website, in print materials or released to the media.

Parent/Guardian Signature _____ Date: _____