**DIMMICK MEMORIAL LIBRARY VOLUNTEER APPLICATION**

**Penn Kidder Branch**

To apply for a volunteer position, please fill out this form and send it to:

Library Director, Penn Kidder Library, 2258 Route 903, Albrightsville PA, 18210

Or email it to: pennkidderlibrarycenter@gmail.com.

\*The library requests a time commitment from each volunteer. Opportunities to volunteer are also available with the Friends of the Library books sales and special projects.\*

Application Date:

Volunteer Type: Adult • Student • Group •

Name: \_\_\_\_ \_\_\_\_ Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_ Phone: Email: \_\_\_\_\_ Best time to be reached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_

Employment Status: Student • Employed • Homemaker • Retired • Unemployed • Current Employer: \_\_\_\_\_\_ Skills (i.e. computers, typing, social skills):

Prior Volunteer Experience:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are volunteering to fulfil a requirement for a specific organization, please provide the following: Organization Name:

Number of hours required: Deadline:

Please indicate during which library operating hours you are available to work, in two-hour increments. *For example: Tuesdays 2-4pm*

Tuesday 2pm to 6pm: \_\_\_\_\_\_

Wednesday 10am to 2pm: \_\_\_\_\_\_

Thursday 2pm to 6pm: \_\_\_\_\_\_

Friday 10am to 2pm: \_\_\_\_\_\_

Saturday 10am to 2pm:

If you are under the age of 18 please provide the following:

Age:

Parent/Guardian Name (please print):

Parent/Guardian Signature:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

The volunteer must pass, within the first 15 days of volunteer work, **all clearances required by the state of Pennsylvania.**

PA Child Abuse/Welfare Clearance (Compass):

https://www.compass.state.pa.us/cwis/public/home

PA State Police Criminal History Clearance (Pennsylvania Access to Criminal History: “PATCH”) https://epatch.state.pa.us/Home.jsp

~ 2 ~