



# Juvenile Volunteer Community Service Application for Ages 14 to 17

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_  Home  Cell

Parent's email: \_\_\_\_\_

Juvenile volunteers must be between the ages of 14-17. If you are 18 or older, please see the circulation desk for an adult community service application. **You will need to provide a copy of your PA State Police Criminal History and Child Abuse History Clearances.** No one under the age of 14 will be accepted. **Volunteer's Age:** \_\_\_\_\_

Who is requiring you to perform Community Service?  School  Scouts  Court  Other (Please Explain)

\_\_\_\_\_

If Community Service is court ordered, what was the offense? \_\_\_\_\_

If court ordered what agency has ordered you to complete hours? \_\_\_\_\_

Name of caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_

What school do you attend? \_\_\_\_\_

Required Number of Hours: \_\_\_\_\_ Deadline to complete hours: \_\_\_\_\_

Have you ever volunteered for a non-profit before?  Yes  No

If yes, where: \_\_\_\_\_

Why would you like to volunteer here? \_\_\_\_\_

What skills, training or knowledge do you wish to utilize here? \_\_\_\_\_

Note: We can typically offer 1 to 2 hours per week. Actual hours granted will be determined by the library staff. Hours are NOT guaranteed.

What days and hours are you available to volunteer?  
\_\_\_\_\_

Do you have any health limitations we need to be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

List any hobbies that may benefit the library: \_\_\_\_\_

**\*ALL volunteers and their parent or guardian must read and sign the agreement on the reverse side before application will be considered. \***

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**Library Use only:**  A copy of required clearances have been received. (initials) \_\_\_\_\_

Clearance date(s): Pa Criminal: \_\_\_\_\_ Child Abuse: \_\_\_\_\_



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## Volunteer Agreement & Guidelines

Thank you for your interest in providing volunteer service at the Pottstown Regional Public Library. Upon receipt of your completed and signed application we will compare your availability and area of interest to our current opportunities. If you have any questions, please contact the Volunteer Coordinator in the Children's Department at 610-970-6551

1. The library cannot guarantee a set number of hours for any volunteer. Hours will be distributed on a case by case basis to combine the needs of the library and the needs of the volunteer.
2. The library will set up a mutually agreed upon schedule with the volunteer. Volunteers are expected to arrive on time. If you are unable to volunteer at your scheduled time, please contact the youth department **prior** to your scheduled time. Any incident of no call and no show will automatically terminate the volunteer agreement. Excessive rescheduling due to absences may terminate the agreement. Volunteers are expected to be dependable.
3. Library staff will make every effort to help volunteers understand the assignments, however it is the volunteer's responsibility to ask for further clarification if a task is not fully understood. All tasks should be taken seriously. You may want a reference when you are seeking a job in the future.
4. Volunteers should be polite and show a good attitude towards staff and patrons. When the library staff members are busy working with the patrons and you have completed a task, please be patient and wait until the staff member is finished before approaching and asking for further instructions.
5. Volunteers must be dressed appropriately. No torn, dirty or inappropriate clothing.
6. Volunteers should not bring friends or relatives with them during assigned hours. Volunteers should not use cell phones or ear buds during assigned hours.
7. Do not report to the library in an impaired manner – alcohol or substance abuse of any kind will not be tolerated.
8. Volunteers are expected to follow library policies. Appropriate, lawful, honest behavior is expected at all times.

**I have read and understand the Volunteer Agreement & Guidelines, and that failure to abide by these guidelines will terminate the volunteer agreement.**

**Youth Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parent Section

**I give my permission for my child to volunteer at the Pottstown Regional Public Library. I understand that reasonable measure will be taken to safeguard the health and safety of volunteers. In case of an incident or accident I authorize the calling of my child's parent/guardian or emergency services. The library is not responsible if your child leaves the premises during the arranged volunteer time.**       I agree       I do not agree

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1<sup>st</sup> Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_