



500 East High Street
Pottstown, PA 19464
610-970-6551

Adult Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Phone Home: _____ Cell: _____ Work: _____

Are you a student? Yes No Grade: _____

Name of the school: _____

Have you been convicted of a felony in the past five (5) years? Yes No

If yes, please explain: _____

Have you ever volunteered for another non-profit? Yes No

If yes, please list the names of the organizations and your duties: _____

What type of work would you like to do? _____

List any hobbies or interests: _____

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

Why do you want to volunteer here? _____

How did you hear about Pottstown Regional Public Library? _____

When are you able to volunteer M Tu W Th F Sat What hours are you available: _____

How often per week: _____ per month: _____

If you have a disability, what accommodation would you need? _____

What training, resources, or support do you anticipate needing? _____

Volunteer Guideline Agreement

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

1. The library cannot guarantee a set number of hours for any volunteer. Hours are distributed on a case-by-case basis to combine the needs of the volunteer and the needs of the library.
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 work at your scheduled time, please contact the library prior to your scheduled start time. Any incident of a no call and/or a no show will automatically terminate the volunteer agreement. Excessive re-scheduling due to absences may also terminate the agreement.
3. All volunteers ages 18 and older must provide copies of their FBI Fingerprinting, PA State Police Criminal History, and PA Child Abuse History Clearances before they can be scheduled for volunteer hours.
4. Library staff will make every effort to help volunteers understand assignments; however, it is the volunteer's responsibility to ask for further clarification if the task is not fully understood.
5. Volunteers should be polite and courteous towards staff and patrons.
6. Volunteers must be dressed appropriately.
7. Volunteers should not bring friends or relatives with them during assigned hours. Volunteers should not use cell phones or ear buds during assigned hours.
8. Do not report to the library in an impaired manner – alcohol or substance abuse of any kind will not be tolerated.
9. Volunteers are expected to follow library policies during their time on library property.

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

Signature

Date

Emergency Contact Name: _____ Relation: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Please provide three (3) personal or professional references:

Name	Phone	Relationship
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Updated 7/2022