



Volunteer Application

Name: _____
(Last, First, M.I.)

Address: _____
(Street address)

(City, State, Zip)

Phone: _____
Texting:

Email address: _____

What are you reading/watching/listening to: _____

Are you over 18? (those younger should check out the IVPL VolunTeen Program
(found @ <https://www.ivpl.org/teen-volunteers>) instead of filling this application out)

Limitations: _____

Relevant Skills. Experience, Abilities, Proficiencies, or Interests you wish us to be aware
of (ie. Language Proficiencies, Graphic Design, Spreadsheet Design, Sales, Teller, if you
bind books as a hobby) :

Motivation for volunteering : _____

* This form is not for court ordered service. Please contact the Library Director @ 215-
723-9109 EXT 102 if applicable.

(over, please)

If you are 18 or over, have you had criminal background or child abuse clearances within
the last 4 years? _____

Have you been a resident outside the state of PA in the past 10 years? _____

There are many opportunities for volunteering at the library. Please indicate below any Areas of interest to you (your name and email will be added to the email list and given to the Chair of that department):

___ Stacks (Inventory, finding missing books, and Keeping books in order)

___ Administrative (Office work, organizing documents, Data input, light coding, graphic design, filing)

___ Tech (Processing new materials, Mending, Labeling, etc.)

___ Gardening (Weeding, Watering, Etc.)

___ Used Book Sale (Selling, accepting donations, Sorting shelves)

___ Events [FOF (Wine tasting, DIW, Beerfest)]

___ Other _____

Times and frequency available (ie. weekly on Friday evening) :

General Library Hours of Operation M-Th 9-9, F+Sat 10-5, Sun 1-5

Office and Tech Services Hours of Operation M-Th 9-5, F 10-5

Book Sale Room (volunteers and staff only if not a sale) M-Th 9-5, F+Sat 10-5

- I certify that the answers contained in this application are true and complete to the best of my knowledge.
- I understand that, as a volunteer, I will be assigned to perform whatever duties the library considers most necessary and helpful to its operation.
- I understand that activities are voluntary and I am participating at my own risk.
- By signing this application, I agree to abide by the policies of Indian Valley Public Library.
- I agree to keep confidential all library user information or library records I may encounter.
- I acknowledge that I have received and read the Indian Valley Public Library Abuse Prevention Policy. I understand that I am required to follow this policy and understand the consequences in the event that I fail to do so.

Signature _____ Date _____