



EASTERN MONROE PUBLIC LIBRARY
 1002 N 9th St.
 Stroudsburg, PA 18360
 (570) 421-0800

*V*olunteer APPLICATION

GENERAL INFORMATION:	NAME:		BIRTHDAY:		
	MAILING ADDRESS:			CITY/ZIP:	
	PHONE #1:		EMAIL:		
	PHONE # 2:		EMERGENCY CONTACT/ PHONE:		
	OCCUPATION:			EMPLOYER:	

AREAS OF INTEREST:	<input type="checkbox"/> SHELVER	<input type="checkbox"/> SHELF-READER	<input type="checkbox"/> DUSTING/CLEANING
	<input type="checkbox"/> OUTREACH/FRIENDLY HOMEBOUND VISITOR	<input type="checkbox"/> GREETER	<input type="checkbox"/> OTHER _____

Are you willing to submit to a criminal and/or drivers' background check if required? YES NO

Are you required to perform service hours for another agency or organization? If so, please name the agency, the number of hours required. Please include your contact's name at the organization as well as their phone and fax line.

What special skills, interests, or training do you have?

What days are you available to volunteer? Please check all that apply:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

What time of day do you prefer? MORNING AFTERNOON EVENING

Number of hours per week you are available to volunteer:

Please read and sign back.

To best meet your needs, please describe any particular goals or expectations that you have regarding volunteering at Eastern Monroe Public Library:

Volunteers 18 years of age and older:

In consideration of the opportunity to volunteer with the Eastern Monroe Public Library, I fully and completely release the Eastern Monroe Public Library, its board of trustees, and its employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the library. I acknowledge that any photograph or videotape taken of me participating in this volunteer activity may be used for outreach, education, or documentation purposes by Eastern Monroe Public Library.

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify the Eastern Monroe Public Library, its board of trustees, and employees from liability for property damage and/or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer signature: _____ **Date:** _____

Volunteers 16 through 18 years of age:

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the Eastern Monroe Public Library volunteer program. I also agree to indemnify, hold harmless, and release the Eastern Monroe Public Library, its board of trustees, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or videotape taken of my child/ward participating in this volunteer activity may be used for outreach, education, or documentation purposes by the Eastern Monroe Public Library.

Parent signature: _____ **Date:** _____

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer signature: _____ **Date:** _____