

Union Library Company of Hatborough Volunteer Application

Date: ____/____/____

Last Name

First Name

MI

Date of Birth

Preferred Phone Number [] Cell

Secondary Phone Number [] Cell

Street Address

Apt.

City

State

Zip Code

Email Address

Driver's License/State ID Number [if over 18]

Emergency Contact Name and Relationship

Phone Number

Availability:

Please list the days and hours you are able to volunteer.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

We try to match volunteers with tasks that suit their interests.

List your special skills, areas of interest, limitations:

Volunteer Affirmation

I understand that as a volunteer I will be viewed as a representative of the Union Library Company of Hatborough. I will conduct myself in a professional manner, and will maintain a professional relationship with library patrons. When information of a personal or confidential nature is raised, I will refrain from imposing my own personal opinion on library patrons.

I agree to respect the privacy and anonymity of each patron by maintaining the confidentiality of any privileged information that I may inadvertently receive while serving as a volunteer.

I assume responsibility for being familiar with and following ULCH policies, and for receiving any volunteer training that is pertinent to my volunteer activities.

I understand that as a volunteer I will be required to submit to a PA State Police Criminal Record Check, Pennsylvania Child Abuse History Clearance, and Federal Criminal History Background check.

Volunteer Signature

Date