Union Library Company of Hatborough Volunteer Application

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Last Name		First Name	ti.	MI	Date	of Birth	
Preferred Phone Number [] Cell	*	Secondary	Phone Number [] Cel	I			
Street Address	Apt.	City		Sta	te	Zip Code	
Email Address			Driver	's License/State	e ID Numbe	er [if over 18]	
Emergency Contact Name and Relati	onship		Phone Number			-	
Availability: Please list the days and hours you a	re able to volu	nteer.	Please check each v (with training)	olunteer task	that you ar	e willing to do	
Monday			Putting books	on shelves (Ref	erence/Adı	ult Fiction)	
Tuesday			Putting childre	n's books on sh	ielves		
Wednesday				E2		ks in/out, collecting	3
Thursday			fines, answering the	pnone, greeti	ng patrons,		
Friday			Filing				
Saturday			Other:				
Volunteer Affirmation							
I understand that as a volunteer I will in a professional manner, and will confidential nature is raised, I will re	maintain a pro	ofessional re	lationship with library	patrons. Who	en informa		
I agree to respect the privacy and and inadvertently receive while serving a		n patron by i	maintaining the confide	entiality of any	privileged i	nformation that I n	nay
I assume responsibility for being fam my volunteer activities.	iliar with and f	ollowing ULC	CH policies, and for rec	eiving any volu	nteer traini	ing that is pertinent	t to
I understand that as a volunteer I w History Clearance, and Federal Crimi				minal Record	Check, Pen	nsylvania Child Abı	use
			,	/			

Date

Volunteer Signature

Union Library Company of Hatborough Volunteer Waiver and Liability Release Form

I, the volunteer (or volunteer's parent or guardian if the volunteer is a minor), acknowledge that I volunteer my services without pay to Union Library Company of Hatborough (the "Library"). Volunteer activities include, but are not limited to, the sorting, processing, packaging, shelving and inventorying of books, art supplies, and boxes containing book and office supplies. I acknowledge that volunteering with the Library involves risk to me (and to volunteer's parents or guardians, if volunteer is a minor), and may result in contact with cleaning chemicals, and various types of injury including, but not limited to, the following: sickness, personal injury, property damage and financial damage. In consideration for the opportunity to participate as a Library volunteer, I acknowledge and accept the risks of injury associated with participation in and transportation to and from the volunteer activity.

I, the volunteer (or the volunteer's parent/guardian if the volunteer is a minor), accept personal financial responsibility for any injury or other loss sustained while volunteering with the Library or during transportation to and from the activity; as well as for any medical treatment rendered that is authorized by the Library or its agents, employees, volunteers, or any other representatives. Furthermore, I (or parent/guardian) release and promise to indemnify, defend, and hold harmless the Library for any injury or loss arising directly or indirectly out of volunteering or transportation to and from the volunteering activity, whether such injury arises out of the negligence of the Library, myself, or otherwise.

The Library occasionally includes volunteers who participate with the Library in publicity, publications, and/or public relations activities. Signature below is consent of approval for the Library to include my name, picture, work, or verbal/written statement in publicity, publications, videos, websites, and/or other forms of media that may be used in subsequent years.

I have carefully read this Volunteer Waiver and Liability Release Form and I understand its contents. I am aware that this is a release of liability and a legal contract between the Library and me and that it affects my legal rights. I am signing this document on my own free will.

Volunteer Name (print)		Voluntee	r Signature			Date		
Parent/Guardian Consent Requivolunteer for the Union Library								participate as a
Parent/Guardian Name (print)	<u> </u>	Parent/G	uardian Sign	ature		Date		
Volunteer Information								
Street Address	Apt.	City			State	-	Zip Co	ode
Primary Phone [] Cell	Second	ary Phone	[] Cell	Email				
Emergency Contact Name and R	elationship)	Primary P	hone		Email		
Food or Drug Allergies					Health	Insuranc	e:[]Y	es []No

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS

Required by the Child Protective Service Law

23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; and
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the pervious ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under
	Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name:	Signature:	
Witness:	Signature:	
Date:		

Union Library Company of Hatborough Volunteer Confidentiality Agreement

All library employees and volunteers are required to protect each library patron's right to privacy. According to the Pennsylvania Consolidated Statue (referenced below), this applies to library circulation records and personal information kept for the purpose of identifying the borrower of items available in libraries. Library circulation records and personal information are strictly confidential unless a valid subpoena or warrant is presented. If a subpoena or warrant is presented, a supervisor should be notified immediately.

Volunteers are required to strictly maintain the privacy of library patrons by not divulging any personal account information, including titles and subject matter of materials used or borrowed, to anyone other than library personnel.

I understand and agree to the Confidentiality Agreement as described. I also understand that violating this policy may result in possible dismissal from my volunteer position with the library.

Volunteer Name (print)	
Volunteer Signature	Date
ULCH Staff Signature	Date

PENNSYLVANIA STATUTES AND CONSOLIDATED STATUTES
PENNSYLVANIA STATUTES
TITLE 24 EDUCATION
CHAPTER 93
PUBLIC LIBRARIES

24 Pa. Con. Stat. § 9375

§ 9375 Library circulation records

Records of the following institutions which relate to the circulation of library materials and contain the names or other personally identifying information of users of the materials shall be confidential and may not be made available to anyone except by a court order in a criminal proceeding:

- (1) The State Library.
- (2) A local library established or maintained under the provisions of this chapter.
- (3) The library of a university, college or educational institution chartered by the Commonwealth.
- (4) The library of a public school.
- (5) A library established and maintained under a law of this Commonwealth.
- (6) A branch reading room, deposit station or agency operated in connection with a library described in this section.

09/2014