

Volunteer Application



Baldwin Borough
Public Library

Name _____

Birth date _____

Address _____

Phone (home) _____ (cell) _____ email _____

In case of emergency, whom should we notify?

Name _____ Address _____ Phone _____

Why do you want to volunteer at the library? _____

What are your skills? _____

Educational background _____

Volunteer experience _____

Community or other organizations to which you belong _____

Specify any health limitations or allergies _____

What days and hours are you available to volunteer?

This is to advise you that as a volunteer for Baldwin Borough Public Library, you are not eligible under the Library's Workers' Compensation or General Liability coverage for any bodily injury you may sustain as a result of your volunteer activities. If working with children, adults 18+ agree to pursue all clearances as per library policy.

Your signature _____ Date _____

Parent's signature (for minors) _____

Thank you for your interest in the library's volunteer program.

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412-885-2255 • baldwinborolibrary.org