

TEEN VOLUNTEER APPLICATION



Name _____ Date of birth _____

Address _____ Current Grade _____

Phone (home) _____ (cell) _____ Email _____

In case of emergency, please notify:

Name _____ Address _____ Phone _____

Why do you want to volunteer at the library? _____

What are your skills? _____

Have you volunteered at the Baldwin Library in the past? _____ If yes, how long? _____

Community or other organizations to which you belong _____

Days of the week that you can volunteer (please check all that apply):

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Please list all available times that you can volunteer (*example: "1-3 pm" or "any time in the afternoon," etc.*)

This is to advise you that as a volunteer for the 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 and are over the age of 18, you must agree to pursue all clearances as per library policy.

Your signature _____ Date _____

Parent or guardian signature _____

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