

DATE _____



VOLUNTEER APPLICATION LANSDOWNE PUBLIC LIBRARY

NAME _____

ADDRESS _____

PHONE # _____

EMAIL ADDRESS _____

PLEASE NOTE: ALL ADULT VOLUNTEERS MUST MEET PA DEPARTMENT OF HUMAN SERVICES REQUIREMENTS FOR **CHILD ABUSE CLEARANCES** (PLEASE SEE OUR VOLUNTEER POLICY OR SPEAK WITH THE LIBRARY DIRECTOR FOR DETAILS)

AGE: () ADULT -OVER 18

() JR/SR HIGH SCHOOL –MINIMUM 14 YEARS OLD

EMERGENCY CONTACT PERSON _____ PHONE # _____

WHAT WOULD YOU LIKE TO HELP WITH?

_____ BOOK SALE

_____ GROUNDS MAINTENANCE (WEEDING, ETC.)

_____ TIDYING UP

_____ ASSISTANCE WITH PROGRAMS

OTHER: _____

LIBRARY ONLY:
