

Application for Volunteer Service



(PLEASE PRINT)

Last Name	First Name	Middle Initial
Home Address		Zip Code
Home Phone	In Case of Emergency, Please Notify	Phone
Business Address (if applicable)		Zip Code
Business Phone (if applicable)	Occupation (if applicable)	

Library Service Preferred _____ Branch Preferred _____

Days and Hours Preferred _____

Prior Volunteer Experience
Other Relevant Experience
Skills and Special Interests
Participation in other community organizations

Acknowledgment, Authorization, and Release

All the information I have provided on this application and in connection with the application is correct and true. I understand that any false, misleading or incomplete answer or statement or implications made by me in connection with this application or other required documents, or failure to disclose any relevant information, shall result in the denial of a volunteer position or dismissal from the volunteer position. I further understand that nothing contained in this application is intended to create a contract of employment, a contract for the providing of any benefit or to obligate Dauphin Country Library System in any way. If a volunteer position is established, I understand that I will have the right to terminate my volunteer position with or without cause, for any reason at any time, and the Dauphin County Library System retains the same right. No promises, statements, or representatives are binding on Dauphin County Library System.

In consideration of my receipt of this application and being considered for a volunteer position, I hereby release Dauphin County Library System, its directors, officers, principals, employees, and agents from any and all liability, real or potential, for seeking such information and all other persons, corporations, or organizations for furnishing such information to Dauphin County Library System.

Signature of Applicant _____ Date _____