



White Haven Area Community Library Volunteer Application

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone:(Home) _____ (Cell) _____

Email Address: _____

Age: 14 -17 Yrs. 18 Yrs.+

Emergency Contact:

Name: _____

Address _____

Phone: _____ Relationship _____

Have you volunteered at a library? Yes No

If yes, which library? _____ When? _____

Do you have any specific skills or interests? Briefly list your work experience, both paid and volunteer:

Check all categories that interest you:

Adult Services Department

- Shelving & Shelf Reading
- Dusting & Cleaning
- Book Sorting & Shelf Cleaning
- Printing and Basic Computer Assistance
- Set Up, Take Down, Help with Programs
- Circulation Desk

Special Assistance

- Special Events
- Social Media Assistance
- Gardening (seasonal outdoor care)
- Fund-Raising Assistance

Children's Department

- Shelving & Shelf Reading
- Dusting & Cleaning
- Set Up, Take Down, Help with Programs
- Put together Take & Make Craft Kits

- Distribute PR Materials
- Cookie Bakers (for special events)
- Monitor & Mentor After School Program
- Special One-Time Projects

What days are you available to work? Check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Early Morning						
Morning						
Mid-Day						
Afternoon						
Evening						

- Only interested in projects I can do from home.
- Only want to work on special projects and events.
- I want to help with programs and can be available depending on when those programs are happening.

You will be expected to obtain Child Abuse and PA Criminal Clearances before beginning your training. Have you ever been convicted of a felony or misdemeanor other than a traffic violation?

Yes No

If a volunteer has lived in the Commonwealth for 10 + years, there is no cost to obtain the PA State Police and Childline background checks either online or via US Mail. An Affidavit will be included for the volunteer to sign in lieu of the FBI background check.

If a volunteer has lived in the Commonwealth for less than 10 years, in addition to the no-cost PA State Police and Childline background checks, they will need to complete an FBI background check which has a cost \$23.25, and the volunteer will need to make an appointment to go to a designated location.

Child Abuse History Clearance: <http://www.compass.state.pa.us/cwis/public/home>

A Criminal History: <https://epatch.pa.gov/home>

FBI Fingerprinting:

<https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/FBI-Fingerprinting.aspx>

FBI Disclosure Affidavit: Disclosure Statement for Volunteers

<https://www.pa.gov/en/agencies/dhs/dhs-search.html#q=Disclosure%20Statement%20for%20Volunteers.pdf>

The Child Abuse History Clearance and the PA Criminal History record are free of charge. There is a charge for the FBI Fingerprinting/Background check if it is required. However, WHACL will reimburse you for this fee once you have completed twenty (20) hours of service. Current volunteers on record as of May 31, 2024, that have completed twenty (20) hours of service are not required to wait for reimbursement, their hours to date since January 1, 2024, will count as completed hours.

- I already have my clearances.
- I can obtain my own clearances.
- I need assistance with the clearance paperwork.

Volunteer Agreement:

I understand WHACL cannot guarantee a set number of hours for any volunteer. Hours are distributed on a case-by-case basis to combine the needs of the volunteer and WHACL. See the attached for a list of WHACL standing Committees.

The WHACL will set up a mutually agreed upon schedule with the volunteers. Volunteers are expected to arrive on time. If you are unable to work at your scheduled time, please contact the library prior to your scheduled start time.

While WHACL staff will make every effort to help volunteers understand assignments, it is the volunteer's responsibility to ask for clarification if the task is not understood.

As a volunteer, I understand I must dress appropriately, not use cell phones or ear buds during assigned hours, and not report to WHACL in an impaired manner.

My signature and that of my parent/guardian if I am under 18 years, authorizes the WHACL to verify any of the information on this application. I understand that as a volunteer I am not entitled to monetary compensation for the work I perform or be entitled to worker's compensation or group benefits in the event of injury. WHACL reserves the right to decline applicants. WHACL also reserves the right to terminate a volunteer's services should responsibilities not be fulfilled satisfactorily.

I understand that I am required to obtain child abuse and state police clearances to begin volunteer work at WHACL. (These clearances are free for volunteers but must be in place before the start date).

If I am under the age of 18, my parent/guardian must sign.

Volunteer Signature

Date

Parent/Guardian Signature

Date

WHACL Staff Use Only

Date Application Received: _____

Date Applicant Called: _____

Interviewed By: _____

WHACL Signature: _____

Interviewed By: _____

WHACL Signature: _____

Interview Date: _____

Date Can Start: _____

Recommend to:

Forwarded to:
