



Hershey Public Library  
**JUNIOR VOLUNTEER  
APPLICATION**

**Staff Use Only**

Received:  
Staff Action:

Training  
Start date:

TRAINING:

1.            2.            3.

**All applicants must be over the age of 12.**  
**If you are 18 or older please fill out an adult volunteer application.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: (Indicate home, cell) \_\_\_\_\_

Emergency contact Person : \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Are you volunteering to fulfill a community service requirement? No    Yes  
Ex. Are you volunteering to meet requirements for a school class or organization or to fulfill court ordered requirements.  
Name of organization to which hours will be reported \_\_\_\_\_

Reason for community service  
Ex. If it is to meet a school requirement, how many hours do you need to volunteer and what are you to take away from your volunteer time?  
\_\_\_\_\_  
\_\_\_\_\_

**Certificates stating number of hours worked are issued twice a year, in June and September.**  
\* If this is a court ordered application, please see librarian for additional information.

**Parental Consent:** I give my son/daughter \_\_\_\_\_  
permission to participate in the Hershey Public Library's Youth Volunteer Program. I understand that transportation to and from the library is my responsibility.

List any special skills, abilities, or special interests:  
\_\_\_\_\_  
\_\_\_\_\_

**When are you available to volunteer?** Youth volunteers may work in the library *two hours a week* during the school year and up to *two days a week* for up to *two consecutive hours* during the summer. Please check days of the week you are available.

**Summer:**

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ T \_\_\_\_\_ F \_\_\_\_\_

**School Year:**

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ T \_\_\_\_\_ F \_\_\_\_\_

Are any special accommodations needed: no \_\_\_\_\_ yes (if yes, please explain) \_\_\_\_\_

Why do you want to volunteer at the library if you are not volunteering to complete requirements for school or community?

**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 the Hershey Public Library in any way. I understand I have the right to terminate my volunteer position with or without cause, for any reason, at any time, and the Hershey Public Library retains the same right. No promises, statements, or representative are binding on the Hershey Public Library.

In consideration of my receipt of this application and being considered for a volunteer position, I hereby release the Hershey Public Library, 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 Hershey Public Library.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_