

New Castle Public Library Volunteer Application

Name _____

Email _____ Phone _____

Are you 18 or older? Yes / No If no, date of birth _____

Please note: Volunteering is not permitted for individuals under the age of 12.

Emergency Contact Name _____

Emergency Contact Relationship _____

Emergency Contact Phone Number _____

Do you need school/community service hours? Yes / No How many hours? _____

Deadline to complete hours? _____

What days/times will you be available?

Library hours:
Monday - Thursday: 8:30 am - 8:30 pm
Friday - Saturday: 8:30 am - 5:00 pm

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

How many hours a week would you like to volunteer?

Teens: 1, 2, or 3 hours/week? _____ **Adults:** _____ hours/week

What are your hobbies, interests, or special skills? _____

Staff member accepting application _____ Date _____

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Photo/name release statement:

New Castle Public Library has permission to use my (or my child's) name and/or photo to promote library services and events. I understand that my (or my child's) name or photo may be used in the annual library magazine, social media posts, website, or print brochures. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Print name: _____

Date: _____

Signature: _____

Please read before signing:

Parents **MUST** sign to allow their child to volunteer. All volunteers will be required to clock in and out for their time volunteering at the New Castle Public Library. If the person applying to volunteer is over the age of 18, they are required to have clearances that are aligned with library requirements. Please contact the library For further information if you need clearances.

Please return this form to the Library's front desk. You can also email the Volunteer Coordinator at volunteer@ncdlc.org or call 724-658-6659 X 105 with any questions.

If selected to volunteer, you will be asked to attend an orientation or training session to learn the responsibilities of volunteerism within a library setting and receive the necessary documents.

Please be mindful that if you turn in an application, it does not guarantee a spot in our volunteer program.

Your Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Staff member accepting application _____ Date _____