

VOLUNTEER & COMMUNITY SERVICE APPLICATION
BERWYN PUBLIC LIBRARY
2701 S. Harlem Ave.
708-795-8000, ext. 3044

Name: _____

Address: _____

Phone #: _____ Emergency Phone #: _____

E-mail Address: _____

Best time to contact you: _____

PLEASE FILL IN COMPLETELY:

1. If you are volunteering because you need service hours, explain what the hours are for and how many hours you need? Please include when these hours need to be completed.
2. Have you volunteered before? Where? What did you do?
3. What made you pick the Berwyn Public Library?
3. Please list any specific experience you have had. Please list skills, hobbies, or interests that you might wish to share with others.
4. As of today, what day(s) and time(s) are you available to volunteer?

SIGNATURE: _____ DATE: _____

This form must be completed, signed and returned to the Outreach Services Department of the Berwyn Public Library before you will be considered for volunteering or community service. Thank you!

VOLUNTEER EMERGENCY INFORMATION

The administration Department furnishes the Department Heads with a list of emergency telephone numbers for all staff members and volunteers. This list is not posted or distributed among staff members. Please complete the attached form and return to Barbara Ziembra, Administration Department.

YOUR NAME: _____

PHONE #: _____ DATE OF BIRTH: Month _____ Day _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY

EMERGENCY CONTACT NAME: _____

RELATION: _____ PHONE#: _____

OTHER INFORMATION YOU WOULD LIKE US TO HAVE IN CASE OF AN EMERGENCY:

VOLUNTEER AND COMMUNITY SERVICE WAIVER
BERWYN PUBLIC LIBRARY
2701 S. Harlem Ave.
708-795-8000

As a volunteer or community service client for the Berwyn Public Library, I fully understand and agree to the following: (PLEASE READ CAREFULLY BEFORE SIGNING)

- a) That except as authorized, I will not use the City's facilities and equipment or make use of any confidential or personal information that has been shared with, or acquired by me.
- b) That I will not receive any remuneration, salary, wage, payment or any employee benefits whatsoever, and I further understand that there is no employment relationship as a result of my volunteer activity.
- c) I agree to indemnify and hold harmless the City of Berwyn, its Library, employees, agents, and officers liable from claims, demands, cause of action, loss, costs or damages that the City may suffer, incur or be liable for in relationship to any injury property damage I may suffer or cause in connection with my participation as a volunteer. I hereby release, waive, and discharge the all liability for all loss or damage and any claims or demands for such loss or damage on account of injury to person or property.
- d) There is an 8-hour per week maximum for community service. You may need to volunteer somewhere in addition to the Library if you need more than 8 hours per week to finish your service by the date assigned to you. Missed hours are not able to be made up. If you are not able to attend on a given day, please notify the coordinator at least 24 hours prior at (708) 795-8000, ext. 3044 or ext. 3020.**

NAME: _____

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

Date inquired about volunteering:

Filled out application completely: Yes / No

Interview date/time:

Starting date/time: