



Mars Area Public Library  
107 Grand Avenue/ P.O. Box 415  
Mars, PA 16046  
(724) 625-9048

## ADULT VOLUNTEER APPLICATION

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_ 18-40 \_\_\_ 40-65 \_\_\_ 65+

Have you volunteered at a library before? \_\_\_ If so, which library? \_\_\_\_\_

What education and skills have you learned that you can offer the library? \_\_\_\_\_

\_\_\_\_\_

Do you have computer skills? Please specify: \_\_\_\_\_

\_\_\_\_\_

Do you have any physical limitations that might restrict your activity? \_\_\_\_\_

\_\_\_\_\_

What days and hours of the day are you available to volunteer? \_\_\_\_\_

\_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_

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

### VOLUNTEER AGREEMENT

I understand that as a volunteer I am not entitled to monetary compensation for the work that I perform or be entitled to worker's compensation or group benefits in the event of injury. The Mars Area Public Library Volunteer Program reserves the right to an evaluation sometime after placement and the right to terminate services should responsibilities not be fulfilled satisfactorily.

Volunteer Signature: \_\_\_\_\_

APPROVED BY DIRECTOR: \_\_\_\_\_