



Carnegie
Library of
Pittsburgh

Volunteer Application

Volunteer Services
4400 Forbes Avenue
Pittsburgh, PA 15213
volunteers@carnegielibrary.org

Date: _____

Name: _____

Address: _____

City: _____ Zip: _____

Telephone: _____ Email: _____

Would you like to receive emails about Library events and activities? Yes

Age: Under 13 13-17 18-25 26-36 37-54 55-64 65+

Have you volunteered at a library before? Yes No Which library? _____

Are you volunteering as a community service requirement? Yes No

If yes please complete

Number of hours to fulfill: _____

To be completed by: _____

Organization/ Court _____

Reason for community service _____

Are you interning? Yes No School: _____

Number of hours to fulfill: _____

To be completed by: _____

Are you a member of "The Friends of Carnegie Library of Pittsburgh"? Yes No Which branch _____

Will this be a one time or short-term volunteer experience? Yes No If short term please

specify: _____

At which library location(s) would you prefer to volunteer?

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

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Do you have computer skills? Please specify.

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

Do you have any special skills or interests?

Education:

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Volunteers provide an invaluable service to the librarians and the public. Without our volunteers we would have less time to work with the children, teens and adults and our materials would not be as accessible for our customers.

Check any of the broad categories of volunteer listed that might interest you:

- | | | |
|---|---|---|
| <input type="checkbox"/> Clerical Jobs | <input type="checkbox"/> Shipping | <input type="checkbox"/> Programming with |
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Bulk Mailings | Seniors |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Shelving Books/Shelf Reading | <input type="checkbox"/> Foreign Language |

Emergency Contact:

Name:

Telephone:

Relationship:

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References: Please list two professional, educational or character references we may contact:

Name:

Telephone:

Relationship:

Name:

Telephone:

Relationship:

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VOLUNTEER AGREEMENT

My signature authorizes Carnegie Library of Pittsburgh to verify any of the information on this application and to secure information from personal references. 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 CARNEGIE LIBRARY OF PITTSBURGH 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 of Parent or Legal Guardian
(if under 18 years of age)

Interviewer:

Date:

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