



Volunteer Application
45 East Main Street, Waynesboro, PA 17268
717-762-3335 www.ahmfl.org

Date: _____ Name: _____

Phone Number: _____ Date of Birth: _____

E-Mail Address: _____

Emergency Notification: _____

What days are you available? _____

I would like to be available: Weekly Select day(s) only Walk-in / as needed

What time or time of day are you available?
(volunteer help is 4 hours maximum per day) _____

I am willing to:

- Shelve Books
- Assist with children's activities
- Genealogy research
- Move boxes; tear down tables and chairs, etc.
- Read shelves/organize shelves
- Help maintain newspaper filing system
- Perform other duties as needed
- Offer a workshop/program using a special skill: _____
- Help patrons in the Maker Space
- Teach a class or workshop in the Maker Space: _____

- Volunteers must be age 14 or older.
- Volunteers age 18 or older must complete the background checks required by Pennsylvania. Please see the next page for more information.
- Volunteers under 18 you must have a parent/guardian sign the volunteer consent form.
- All volunteers must sign the confidentiality statement.
- We do not accommodate community service hours for probation, or any other court-ordered community service hours.

PA State Background Check Requirements

Background checks are required for volunteers age 18 & up. You must bring the printed results of each background check to the library before starting your volunteer work.

If you have resided in the state continuously for the past 10 years or more, you will need:

- PA State Police Criminal Background Check Clearance
- Child Abuse History Clearance from Department of Human Services

If you have resided in the state for less than 10 years, you will need:

- FBI Criminal Background Check Clearance (includes fingerprinting)
- PA State Police Criminal Background Check Clearance
- Child Abuse History Clearance from Department of Human Services

COST:

FBI Criminal Background Check Clearance - \$22.60 - **The cost is the volunteer's responsibility.**

Criminal Background Check- cost waived for volunteers

Child Abuse Check- cost waived for volunteers

Bring the original clearances to the library and we will make copies, returning the originals to you. New volunteers must have the clearances on file before beginning volunteer service. Clearances must be updated every 5 years.

We do not take volunteers who are on probation or completing court-ordered community service.

Link for PA Criminal Background Check: <https://epatch.state.pa.us/Home.jsp>

Click on New Record Check and follow directions.

Link for PA Child Abuse Check: <https://www.compass.state.pa.us/cwis/public/>

Go to Create Individual Account and follow directions.

Link for FBI Criminal Background Check Clearance: <http://keepkidssafe.pa.gov/>

Click on **Clearances**. Scroll down & click on **FBI Criminal History Clearance**.

Scroll down to learn how to register for your 10-minute fingerprint appointment.

You can also register by calling 1-844-321-2101.

When you register, they will ask for a "service code" – it is 1KG6ZJ.

The closest fingerprinting location is:

IdentoGO State Agency Enrollment

2397 Loop Rd

The Franklin Learning Center

Chambersburg, PA 17202-8847

[\(717\) 263-2700](tel:7172632700)



Confidentiality Agreement

All library employees and volunteers are required to protect each library patron's right to privacy. According to Pennsylvania Act 90 of 1984, which amends P.L. 324 No. 188 of 1961, known as "The Library Code," and Pennsylvania State Law (24 Pa. C.S.A. Section 4428), this includes all library circulation records and personal information kept for the purpose of identifying the borrower of items available in libraries. Library circulation records and personal information are strictly confidential unless a valid subpoena or warrant is presented. If a subpoena or warrant is presented, a supervisor should be notified immediately.

Volunteers are required to strictly maintain the privacy of library patrons by not divulging any personal account information, including titles and subject matter of materials used or borrowed, to anyone other than library personnel.

I understand and agree to the Confidentiality Agreement as described. I also understand that violating this policy may result in possible dismissal from my volunteer position with the library.

Volunteer's Name (please print)

Signature

Date

Received by: _____
Staff Member Date

Pennsylvania State Law states that:

"Records related to the circulation of library materials which contain the names or other personally identifying details regarding the users of the State Library or any local library which is established or maintained under any law of the Commonwealth or the library of any university, college, or educational institution chartered by the Commonwealth or the library of any public school or branch reading room, deposit station, or agency operated in connection therewith, shall be confidential and shall not be made available to anyone except by a court order in a criminal proceeding." (24 P.S. Section 4425)

Volunteer Parental Consent Form

All volunteers age 14-17 must have a signed Parental Consent Form ON FILE prior to volunteering while unaccompanied by a parent/guardian.

Please complete and return to:

Alexander Hamilton Memorial Free Library
45 East Main Street Waynesboro, PA 17268 717-762-3335 x 204
www.ahmfl.org ahmfl.childrensdept@hotmail.com

Volunteer's Name (print please)

Address

Home Phone # / Cell #

Emergency Contact Name & Phone #

Parent / Guardian Name (print please)

Address

Home Phone # / Cell #

Parent / Guardian's Signature

Alexander Hamilton Memorial Free Library
VOLUNTEER WAIVER AND RELEASE OF LIABILITY

I hereby waive, release, and relinquish all claims, demands, and actions whatsoever that I may have or may accrue to me against Alexander Hamilton Memorial Free Library, its officers, agents, volunteers, and employees arising out of this activity and / or any volunteer activity associated with or connected with this activity. Furthermore, I agree to indemnify and hold harmless and defend Alexander Hamilton Memorial Free Library from any and all claims and actions resulting from injuries, damages, and losses sustained by me arising out of, connected with, or in any way associated with this activity.

I have read this agreement and fully understand its content and sign it of my own free will.



