



603 Main St.
 Pella, IA 50219
 641.628.4268
www.cityofpella.com/library

Volunteer Application

State law prohibits children under the age of 14 serving as volunteers.

Name: _____

Address: _____

Phone: _____ Email: _____

Emergency contact name and phone number _____

Why do you want to volunteer at the Pella Public Library?

What date are you available to start volunteer service? _____

How often do you want to volunteer, e.g. once a week, once a month? _____

When are you available to volunteer? Place an x in the appropriate boxes.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings, 10-12						
Afternoons, 1-5 p.m.						
Evenings, 5- 9p.m.						

What kind of work do you enjoy doing?

Please describe any special skills you have to offer to the Library.

Please check the volunteer opportunities that interest you:

- | | |
|--|---|
| <input type="checkbox"/> Shelf reading | <input type="checkbox"/> Book sorting/book sales |
| <input type="checkbox"/> Book delivery to senior housing | <input type="checkbox"/> Book delivery to homebound individuals |
| <input type="checkbox"/> Handing out Summer Reading prizes | <input type="checkbox"/> Help with programs |
| <input type="checkbox"/> Serving on the Board of Trustees | <input type="checkbox"/> Serving with Friends of the Library |
| <input type="checkbox"/> Teaching computer classes | <input type="checkbox"/> Other (please describe) |

Are you limited in any activities due to health issues? If so, please explain.

Is your volunteer service required? Y N

Is your volunteer service court-ordered? Y N

If you answered yes to either of the two previous questions, please also fill out the Community Service Volunteers section below.

Are you under the age of 18? Y N

If yes, please have a parent sign this application below your signature.

I have read and agree to the Pella Public Library Volunteer Policy.

I agree that if I become a volunteer at the Pella Public Library, I will be bound by the rules contained in all library policies and guidelines, especially those that relate to patron privacy and confidentiality. I understand that the Pella Public Library has the right to terminate my volunteer working association with the library at any time, for any reason.

Date: _____
Signature of applicant

Date: _____
Signature of parent (if applicant is under 18)

Community Service Volunteers

How many hours are you required to serve? _____

What is the deadline for completing your hours? _____

Why are you required to do community service? _____

Thank you for your interest in being a volunteer! Please return the completed application to the Library Director or mail to:

Pella Public Library, 603 Main St., Pella, IA 50219