



Carnegie  
Library of  
Pittsburgh

# Volunteer Application

Volunteer Services  
4400 Forbes Avenue  
Pittsburgh, PA 15213  
[volunteers@carnegielibrary.org](mailto:volunteers@carnegielibrary.org)

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

Name:  Mr.  Mrs.  Ms.

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

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

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

Check "Yes" if you would like to receive emails about Library events and activities?  Yes

Date of Birth \_\_\_\_\_

Are you volunteering as a community service requirement?  Yes  No

If yes please complete

Number of hours to fulfill: \_\_\_\_\_

To be completed by: \_\_\_\_\_

Name of Organization \_\_\_\_\_

Reason for Community Service \_\_\_\_\_

Are you interning?  Yes  No

School: \_\_\_\_\_

Number of hours to fulfill: \_\_\_\_\_

To be completed by: \_\_\_\_\_

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?

Do you have computer skills? Please specify.


# Volunteer Application – page 2

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

Do you have any special skills or interests?

Education:


**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 Seniors |
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Bulk Mailings                | <input type="checkbox"/> Foreign Language         |
| <input type="checkbox"/> Data Entry       | <input type="checkbox"/> Shelving Books/Shelf Reading |   |

Emergency Contact:

Name:

Telephone:

Relationship:


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

Name:

Telephone:

Relationship:

Name:

Telephone:

Relationship:


## 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:
