



603 Main St.  
 Pella, IA 50219  
 641.628.4268  
[www.cityofpella.com/library](http://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)                |
| <input type="checkbox"/> Sorting and labeling seeds        |   |

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