



# Pittsburgh Toy Lending Library Membership Application

Please PRINT information. Complete form and bring or mail to the following address (including payment):  
**Pittsburgh Toy Lending Library, 5401 Centre Ave., Rear, Pittsburgh, PA 15232 412-682-4430**

**Please check all that apply:**

- Renewing existing membership    
  New Membership    
  Change of Contact Information    
  Change of Volunteer Status

Primary Member Name \_\_\_\_\_

Other Caregiver Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
street city zip code

Phone numbers \_\_\_\_\_  
home cell

Email address \*REQUIRED \_\_\_\_\_

**Please note: The PTLT uses email as the primary means of communication. Volunteers must have access to email or make other arrangements with the volunteer coordinator.**

Child(ren) name(s) & birthdate(s) \_\_\_\_\_  
 \_\_\_\_\_

**Volunteer Agreement**

Volunteers agree to volunteer at the front desk for their primary duty. Volunteers agree to give as much notice as possible (preferably at least 24 hours) if unable to fulfill a scheduled shift. Volunteers agree to give up volunteer status for failure to show for two (2) missed shifts or to make up missed shifts in a timely manner, and agree to pay the balance to convert to a non-volunteer membership.

Volunteers agree to fill one 2-hour shift during the PTLT Annual Clean Up or consider a monetary contribution to the Annual Clean-Up Fund. **Initial** \_\_\_\_\_  
 Volunteers agree to abide by the Lending Library Rules & Guidelines; violations may result in termination of membership. **Initial** \_\_\_\_\_

**Select Membership Level:**

- \$30 V4 (volunteering 4 hours per month)     4
- \$60 V2 (volunteering 2 hours per month)     2
- \$125 Non-volunteer     1
- \$250 Deluxe     10
- \$55 Lending Only
- Scholarship (does not include member rate on birthday parties or use of play space)
- Scholarship (contact Membership Coordinator for approval)

**Guest Passes:**

- Annual Membership \$ \_\_\_\_\_
- Consider Donating\*:
- Toy Fund Gift \$ \_\_\_\_\_
- Annual Clean Up Fund \$ \_\_\_\_\_
- Family-In-Need \$ \_\_\_\_\_
- Scholarship \$ \_\_\_\_\_
- Total: \$ \_\_\_\_\_

\*Gifts are tax deductible.

**I am interested in helping with:**

- Membership
- Parties
- Volunteers
- Newsletter
- Facilities
- Fundraising
- Marketing/Publicity
- Lending Library/Toys

**Please note:** No refunds for termination of membership will be given after 30 days (60 for volunteers), except for medical reasons, for which a doctor's note/board approval is required. For prorated memberships and financial assistance for families in need (volunteering commitment desired), contact Membership Coordinator at membership@pghtoy.org

ALL VOLUNTEERS: If you have signed up for volunteering, please note which days and times you are available (a minimum of **two** must be marked). \*Also, if there is a shift you would be willing to volunteer that is currently gray on the chart, please document the days and times on the back of this page.

	Mo	Tu	We	Th	Fr	Sa
9:30-11:30						
11:00-1:00						
12:30-2:30						
4:00 – 6:00						
5:30 – 7:30						

**Release of Responsibility**

By signing below, I understand and agree that I, all children in my care (including the children listed), and any other caregivers for those children (including other family members and nannies/babysitters who may accompany them) will enter the Pittsburgh Toy Lending Library (PTLL) and use it at our own risk. In consideration for PTLT membership, I **WAIVE ANY RIGHT I MAY HAVE TO SUE OR MAKE A CLAIM AGAINST THE PTLT** and its volunteers and members for any harm that I, all children in my care (including the children listed), and any other caregivers for those children (including other family members and nannies/babysitters) may incur while at the PTLT or while using any toy that we borrow from the PTLT. I assume full responsibility and liability for any and all such harms, injuries, or damages and agree to indemnify the PTLT against the same.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>This section must be completed by the Volunteer on Duty before being filed. Applications must be paid in full at the time of membership.</b>			
Date received	Check # or Cash or Paypal	Amount Paid	VOD Name