



VOLUNTEER APPLICATION CROWN POINT COMMUNITY LIBRARY & WINFIELD BRANCH

NAME _____ Date of Birth _____
ADDRESS _____ PHONE _____
SCHOOL _____ GRADE _____ (7th-12th grade)
Email Address _____

AVAILABILITY:

| | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

LOCATION PREFERENCE (circle one):

Crown Point

Winfield

Have you volunteered for our library in the past (circle one)?

YES NO

ACTIVITIES (such as school, church, sports, service, etc.):

Why do you want to volunteer at the library? Please explain.

VOLUNTEER INTERESTS – PLEASE CHECK ALL THAT APPLY

(Activities may not be available at all times)

- | | | |
|---|--|---|
| <input type="checkbox"/> Book Sale | <input type="checkbox"/> Children's Department | <input type="checkbox"/> Library Events |
| <input type="checkbox"/> Craft Projects | <input type="checkbox"/> Assist with Displays | <input type="checkbox"/> Community Outreach |

Do you need accommodations for a disability? (Circle one)

Yes No

Have you ever been convicted of a felony? (Circle one)

Yes No

Parent or Legal Guardian signature required for students ages 13-17:

NAME _____

PHONE _____

SIGNED (parent/guardian) _____

DATE _____

Emergency Contact:

Please provide a phone number of a person we should contact in the case of an emergency.

Name:

Phone:

REFERENCES

Please provide the name of a Reference who is not a relative.

Name:

Phone:

Acceptance of Volunteer Agreement and Signature

I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability for supplying such information. I grant the agency permission to obtain information from references which I have provided. I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that misrepresentation of any information may result in termination of my volunteer involvement. I am volunteering my time for personal reasons. I understand that I will not be paid for my service as a volunteer and I expect no further compensation.

I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

I also agree to allow the library to complete a background check before I am accepted as a volunteer, if I am 18 years of age or older.

Signature:

Date:

Volunteer applications will be retained for 6 months.