



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)

Book Sale

Children's Department

Library Events

Craft Projects

Assist with Displays

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.