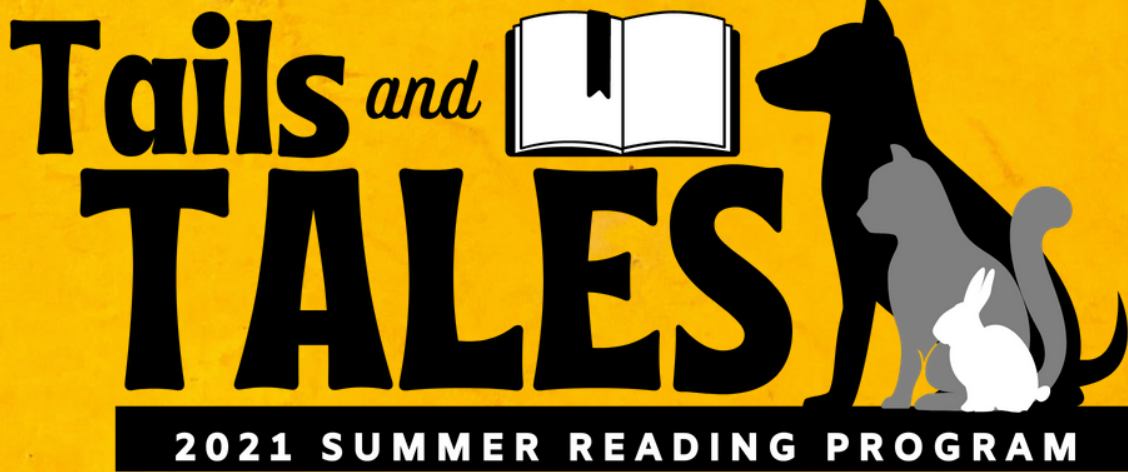


Crown Point Community Library



TEEN VOLUNTEER CALL OUT!

**The library is looking for Teen Volunteers
to assist with the 2021 Summer Reading Event
June 1 - July 31 at both locations.**

- **Volunteers must be going into 7th grade or above.**
- **Volunteers will work behind-the-scenes and not directly with the public.**
- **Volunteers are required to wear a face mask and follow social distancing guidelines.**
- **Applications available at both library locations.**
- **Applications are due May 1, 2021.**
- **Great opportunity to earn community service hours!**

For more information:

Crown Point Library 306-8068
Winfield Branch Library at 662-4039.



Crown Point Community
LIBRARY

CROWN POINT • WINFIELD



VOLUNTEER APPLICATION CROWN POINT COMMUNITY LIBRARY & WINFIELD BRANCH

NAME_____

Date of Birth_____

ADDRESS_____

PHONE_____

SCHOOL_____

GRADE_____ (7th-12thgrade)

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.

Do you need accomodations 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.