



Volunteer Application

We appreciate your interest in the Library. Thank you for taking the time to complete this application.

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Today's date	Birth month/Day/year
Current Street Address			Home Phone	
City	State	Zip Code	Work Phone	
E-Mail Address:	How did you hear about our volunteer program? (please circle) Friend Webpage Walk-in Family Other(please explain):			

EDUCATIONAL BACKGROUND

School	Name & location	No. of years completed	Degree earned
High School			
College			
Graduate school			
Trade, business or vocational school			

SKILLS AND EXPERIENCE

Describe any special skills or experience you have that might be useful for the library:

What computer software are you comfortable with?

AVAILABILITY

Please circle all that apply:

Monday AM PM Tuesday AM PM Wednesday AM PM Thursday AM PM Friday AM PM
Saturday AM PM Sunday AM PM

EMERGENCY CONTACT INFORMATION

Contact name	Relationship
Home phone	Cell phone

I understand that volunteers will be accepted based on the Library's need, that the Library does not accept volunteers on a drop-in basis and that a date/time must be agreed upon by both parties. Volunteer hours are contingent upon the library's need and staff availability; this includes missed appointments, and regular scheduled shifts. Be advised that the library reserves the right to do a criminal background check before accepting a volunteer. By signing this application I am stating that all of the information provided is true to the best of my knowledge.

Applicant's signature _____ Date ____/____/____
Parent's signature _____ Date ____/____/____
(If under 15 years old)

Thank you for your interest in supporting the Library. Please return this application to the circulation desk upon completion or email to tliebert@hinsdalelibrary.info