

Last Name: _____

Date: ____/____/____

Hinsdale Public Library: School Year Volunteer Application Form

You must be in at least 6th grade

Volunteers will be scheduled as needed.

When form is completed please contact Alice Kuhn at 630-986-1976 to make arrangements to come to the library to set up times and dates to volunteer.

Name: _____ School: _____ Grade: _____

Address: _____ Phone #: _____

E-mail address: _____

Number of volunteer hours needed: _____ Date hours needed by: _____

Days Available: _____

Times Available: _____

Why do you want to volunteer at the Library?

_____ School (explanation) _____

_____ Church (explanation) _____

_____ Community Service (explanation) _____

_____ Other (explanation) _____

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. If I am accepted, I understand that it is my responsibility to keep the appointment. Volunteer hours are contingent upon the library's need and staff availability, this includes missed appointments, make-up hours, and regular scheduled shifts.

Applicant's signature _____ Date ____/____/____

Parent's signature _____ Date ____/____/____

(if under 15 years old)

Emergency Contact Information

In case of emergency, please notify:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____