

Adult Volunteer Application

You are applying to be a volunteer for ITPLD's Adult Services Department at the main library or branch location. These volunteer opportunities include making reminder phone calls to patrons, taking registration outside programs, staffing different daytime or nighttime programs, and other tasks as assigned. Email completed application to volunteer@itpld.org.

I'm interested in volunteering at the ____ main library (Wheeling) ____ branch (Prospect Heights)

Date of Application: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Special interests, and skills: _____

Work Experience: _____

Volunteer Experience: _____

LANGUAGES

1. Do you read, speak and write English fluently? _____

2. Are you proficient in languages other than English? _____

3. If so, which language(s)? _____

AVAILABILITY

Please indicate availability.

I prefer an assignment with a regular schedule. I prefer periodic special assignments.

When are you available to begin? _____

AVAILABILITY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

REFERENCES

Please provide the name and phone number of two references who are not related to you.

Name _____ Phone _____

Name _____ Phone _____

Volunteer Agreement

I agree that the information below is valued and understand that my final approval is dependent on the passing of a background check and if I'm accepted as a volunteer, I will be expected to follow all library policies.

I understand I am not an employee of the library. I understand the library depends on its volunteers. I will arrive at the designated day and time, be dressed appropriately and will fulfill my assignment in a responsible manner. If I am unable to volunteer on my scheduled day and time, I will notify the Program Coordinator as soon as possible.

I have read and agree with the above statement.

 Signature _____
 Date

FOR LIBRARY USE

Date Received _____ By _____

Department _____ Training Scheduled _____