



10 West Cossitt Avenue
 La Grange, IL 60525
 lagrangelibrary.org 708.352.0576

VOLUNTEER EMPLOYMENT APPLICATION

Date ____ / ____ / ____ Name _____
(Last) (First) (Middle)

Home Address _____

Telephone _____ Email Address _____

Name & Phone Number of person to contact in case of emergency: _____

Were you ever convicted of a felony? _____ If yes, then state when the conviction occurred, and provide a brief description of the nature of the charges upon which the conviction was based. _____

Are you a citizen of the U.S.? _____ If not, state your country of citizenship. _____

<p>Age Range:</p> <p><input type="checkbox"/> Age 12-14</p> <p><input type="checkbox"/> Age 15-18</p> <p><input type="checkbox"/> Adult</p> <p>The Library does not accept volunteers under age 12 at this time.</p>	<p>Community Service</p> <p>Please check if appropriate.</p> <p><input type="checkbox"/> Court ordered (paperwork required)</p> <p><input type="checkbox"/> School sponsored</p> <p><input type="checkbox"/> Other: _____</p> <p>Hours Needed: _____ Completion Date: _____</p> <p>Contact Person and Phone: _____</p>
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Why do you want to volunteer at the Library?

Duties/tasks you're interested in:		
<input type="checkbox"/> Book repair/processing <input type="checkbox"/> Finding books from a list <input type="checkbox"/> Putting shelves in order <input type="checkbox"/> Shelving books <input type="checkbox"/> Bulletin boards/Displays	<input type="checkbox"/> Pricing sale books <input type="checkbox"/> Typing <input type="checkbox"/> Filing <input type="checkbox"/> Photocopying <input type="checkbox"/> Mailings	<input type="checkbox"/> Assist others on computers <input type="checkbox"/> Assist with library events <input type="checkbox"/> Assist with children's programs <input type="checkbox"/> Other: _____

Skills:		
<input type="checkbox"/> Art <input type="checkbox"/> Musical Instrument <input type="checkbox"/> Sign Language <input type="checkbox"/> Foreign Languages (specify): _____	<input type="checkbox"/> Clerical <input type="checkbox"/> Typing/Data Entry <input type="checkbox"/> Filing/Organizing <input type="checkbox"/> Alphabetizing <input type="checkbox"/> Other: _____	<input type="checkbox"/> Good with People <input type="checkbox"/> Good with Kids <input type="checkbox"/> Computer Skills (specify): _____

How many hours a week/month do you wish to be scheduled to volunteer at the Library? _____

When are you available to volunteer? (Indicate specific times in each box.)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:00-12:00							
12:00-3:00							
3:00-6:00							
6:00-9:00							

Information regarding the personnel records of volunteer staff will be disclosed only with the volunteer's written permission. Please sign below if you authorize the library to release information about your work.

Volunteer Signature

FOR VOLUNTEERS UNDER AGE 18: I give permission for my child to volunteer at the Library.

Parent/Guardian Signature (if under age 18)

The Library will contact you when / if we have need of your services.

STAFF USE ONLY

Phone Interview Date: _____ In-Person Interview Date: _____

Starting Date: _____

Placement: _____
(If not placed, indicate reason.)

Schedule Entered on Outlook Volunteer Calendar Total Hours/Week: _____

Final Work Date: _____

Reason for Leaving:

- Voluntary
- Terminated by Library: _____