



# Volunteer Application

## Contact Information

Name	
Street Address	
City, State, Zip Code	
Phone	
E-Mail Address	

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings (Saturday)  
 Weekday afternoons       Weekend afternoons (Saturday/Sunday)  
 Weekday evenings

## Interests

Tell us in which areas you are interested in volunteering. Please note that effort will be made to match you with your area of interest but library need may necessitate other placement.

- Adult Services  
 Youth Services  
 Shelving  
 Computer Assistance  
 Where needed

## Service Obligation

If this is to fulfill a service obligation, please indicate school/organization and service requirements.

### Special Skills or Qualifications and/or Previous Volunteer Experience

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities.

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### Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I agree to comply with the provisions of the program as spelled out in the Carol Stream Public Library Volunteer Program document.

PLEASE NOTE: *Acceptance of this application does not guarantee placement within the program.*

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.