

Volunteer Application Minimum age: 12 years

Date:		
Name:		
Phone: Home	Cell	
Birth Date: (optional)	Email Address:	
Address:		
Street Please list special interests and/or skills	City	Zip
Previous work or volunteer experience:		
Availability: (circle all that apply)		
Weekdays: M T W Th F Weekends:	Sat Sun Hours : Morning A	fternoon Evening
Approximate # of hours per week you are willing to co		
I hereby apply to volunteer at the Crystal Lake Public Lifollow a mutually acceptable schedule and to notify the scheduled. I will notify the Coordinator at least two walso understand that I will be expected to perform my a attend training sessions for volunteers, to accept gu Departmental volunteer contact staff and maintain a volunteers. I will comply with library policies.	Volunteer Coordinator promptleeks in advance of any extended ssigned tasks in a businesslike audidance and evaluation from t	y if I am unable to volunteer and leave or of my resignation. Indeficient manner. I agree to be Volunteer Coordinator o
Date	Signature	
If applicant is less than 18 years of age, a parent or gud	ardian's signature is necessary.	
Parent name (print):	Phone	2 :
Parent address:		
Parent signature:		