



Volunteer application

Minimum age: 12 years

Date: _____

Name: _____

Phone: Home _____ Cell _____

Birth Date: _____ (optional) Email Address: _____
Mo/DayAddress: _____
Street City Zip

Please list special interests and/or skills: _____

Previous work or volunteer experience: _____

Availability: (circle all that apply)

Weekdays: M T W Th F Weekends: Sat Sun Hours: Morning Afternoon Evening

Approximate # of hours per week you are willing to commit: 1-3 HPW 4-6 HPW

I hereby apply to volunteer at the Crystal Lake Public Library. I understand that if I am accepted, I will be expected to follow a mutually acceptable schedule and to notify the Volunteer Coordinator promptly if I am unable to volunteer as scheduled. I will notify the coordinator at least two weeks in advance of any extended leave or of my resignation. I also understand that I will be expected to perform my assigned tasks in a businesslike and efficient manner. I agree to attend training sessions for volunteers, to accept guidance and evaluation from the Volunteer Coordinator or departmental volunteer contact staff and maintain a good working relationship with library employees and other volunteers. I will comply with library policies.

Date

Signature

If an applicant is less than 18 years of age a parent or guardian's signature is necessary.

Parent name (print) : _____ Phone: _____

Parent address: _____

Parent Signature: _____