

RICHWOOD-NORTH UNION PUBLIC LIBRARY

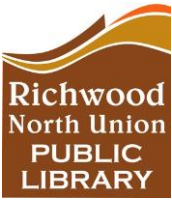
VOLUNTEER APPLICATION

CONTACT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

ARE YOU UNDER THE AGE OF 18? (IF NO, SKIP THIS SECTION)	
Date of Birth	Name of Parent or Guardian

AVAILABILITY
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday (See library website for hours)
From _____ AM/PM To _____ AM/PM
Hours Per Week You Would Like to Volunteer

VOLUNTEER INTERESTS AND ABILITIES
Volunteer Assignment Interests: <input type="checkbox"/> Shelving <input type="checkbox"/> Book Covering <input type="checkbox"/> Program Assistance <input type="checkbox"/> Displays <input type="checkbox"/> Office / Clerical <input type="checkbox"/> Cleaning / Maintenance <input type="checkbox"/> Other: _____
Do you prefer: <input type="checkbox"/> Working with Children <input type="checkbox"/> Working with Teens <input type="checkbox"/> Working with Adults <input type="checkbox"/> Not interacting with the public <input type="checkbox"/> No Preference
Summarize special skills, qualifications and language skills you have gained from employment, previous volunteer work, education, or through other activities, including hobbies or sports.
Why do you want to volunteer at the library?
Do you want to volunteer to fulfill court-ordered community service? <input type="checkbox"/> Yes <input type="checkbox"/> No



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VOLUNTEER EXPERIENCE		
Have you volunteered before in a library or at any other organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Organization or Library		
From	To	Description of Activities
Name of Organization or Library		
From	To	Description of Activities
Name of Organization or Library		
From	To	Description of Activities
Name of Organization or Library		

BACKGROUND AND REFERENCES	
As an ADULT have you been convicted of a criminal offense other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
<i>Please list three personal or professional references.</i>	
Full Name	Relationship
Email	Phone ()
Address	
Full Name	Relationship
Email	Phone ()
Address	
Full Name	Relationship
Email	Phone ()
Address	