



ROUND LAKE AREA PUBLIC LIBRARY

906 Hart Road
Round Lake, IL 60073
(847) 546-7060 x110

VOLUNTEER APPLICATION

Attn: Volunteer Coordinator

PERSONAL INFORMATION

Last Name _____	First Name _____
Address _____	City _____ State _____ Zip _____
Home Phone _____	Cell Phone _____ Work Phone _____
E-mail _____	Date of Birth _____
Emergency Contact Name _____	Relationship _____
Home Phone _____	Cell Phone _____ Work Phone _____

EDUCATION/TRAINING

Last year of school completed (1-12) _____	High School Diploma or GED? Yes ____ No ____
College 1 2 3 4 5+ (please circle)	
Degree(s) _____	
Training or relevant course work _____	
Are you currently attending school? If yes, which school _____	

EMPLOYMENT/REFERENCES

<input type="checkbox"/> Currently Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
Recent Employer _____			
Responsibilities: _____			
References: List two employers, supervisors, teachers or <u>non-relatives</u> we may contact for a reference:			
Name _____	Phone _____		
Name _____	Phone _____		
<i>NOTE: Sorry, we cannot consider your application if you do not supply the requested references.</i>			

Do you have previous volunteer experience? If so, where did you volunteer and what did you do?

Please indicate skills you would like to share as a volunteer?

List special interests or hobbies:

Languages spoken other than English:

Why do you want to volunteer at the library?

When are you available? Please specify hours for all that apply.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Closed						
Afternoon							
Evening	Closed					Closed	Closed

When can you start? _____

Time Commitment: Please tell us how long you would like to commit to a volunteer job.

A week or two 3 months 6 months 9 months (a school year) One year On-going

Summer (June-Aug.) Occasionally Special events Other, Please Specify _____

Are you volunteering to meet required service hours? If so:

Name of School/Organization _____

Number of hours needed _____

When must service hours be complete _____

Have you ever been convicted of a crime other than traffic violation? Yes No

If yes, please give a short explanation outlining the circumstances of your conviction indicating date, nature and place of offense and disposition.

Do you have any physical/medical conditions your supervisor should be aware of?

As a volunteer for the Round Lake Area Public Library, it is expressly understood that while in the course of my voluntary activity, I hereby agree to hold the City of Round Lake, it's library, employees, agents, and officers completely harmless from and against any and all claims and liability while volunteering at the Round Lake Area Public Library. I certify that all statements made in this application are true and complete.

Signature _____ Date _____

PARENT: If volunteer is 17 or younger:

I, _____ (parent/guardian) give my permission to _____ (son/daughter) to volunteer at the Round Lake Area Public Library.

Signature of Parent _____ Date _____