|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Home Phone |  |
| Cell Phone |  |
| Email |  |
| Age |  Minor (under age 18, Age: \_\_\_\_ ) Adult (18+)  |

**Why do you want to volunteer at the library?**

|  |
| --- |
|  |

**Are you volunteering to fulfill a requirement?**

 School / Church Court ordered community service Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of required hours and deadline for completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Time Commitment/Frequency Hours per Week**

 Temporary (less than 6 months) 1-2 hours per week

 Regular weekly schedule 3-4 hours per week

 Sporadically/ Events only more\_\_\_\_\_\_\_\_\_\_\_

 **Availability**

|  |  |
| --- | --- |
| Day | Hours |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |

**Previous volunteer experience**

|  |
| --- |
|  |

**Special Skills or Qualifications**

Summarize skills and qualifications you have acquired from employment, volunteer work, school, or other activities including hobbies. Please include computer and language skills.

|  |
| --- |
|  |

**Parent/Guardian Contact Information**

|  |  |
| --- | --- |
| **Name** |  |
| Address |  |
| Phone |  |
| Relationship to you |  |

I certify that the information provided on this application is true to the best of my knowledge. 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 indemnify, hold harmless, and release the River Grove Public Library District, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting in his/her participation as a volunteer.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If under 18, a parent/guardian must also sign.**
I give my permission for my child to volunteer at the River Grove Public Library District. I acknowledge that any photograph or video taken of my child/ward participating in a volunteer activity may be used for outreach, education, or documentation purposes by the River Grove Public Library District.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return to:** River Grove Public Library District – 8638 W. Grand Ave, River Grove, IL