

## Adult Volunteer Application

You are applying to be a volunteer for ITPLD's Adult Services Department at the main library or branch location or with the Digital and Maker Services Department in The Launch Pad, Digital Media Labs or Training Lab. These volunteer opportunities include making reminder phone calls to patrons, taking registration outside programs, staffing different daytime or nighttime programs, and other tasks as assigned. Email completed application to [volunteer@itpld.org](mailto:volunteer@itpld.org).

I'm interested in volunteering at the \_\_\_\_ main library (Wheeling) \_\_\_\_ branch (Prospect Heights)  
\_\_\_\_ Digital and Maker Services (Wheeling)

Date of Application: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Special interests, and skills: \_\_\_\_\_

\_\_\_\_\_

Work Experience: \_\_\_\_\_

\_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

### LANGUAGES

1. Do you read, speak and write English fluently? \_\_\_\_\_

2. Are you proficient in languages other than English? \_\_\_\_\_

3. If so, which language(s)? \_\_\_\_\_

**AVAILABILITY**

**Please indicate availability.**

I prefer an assignment with a regular schedule.  I prefer periodic special assignments.

**When are you available to begin?** \_\_\_\_\_

AVAILABILITY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

**EMERGENCY CONTACT INFORMATION**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**REFERENCES**

Please provide the name and phone number of two references who are not related to you.

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Volunteer Agreement**

I agree that the information below is valued and understand that my final approval is dependant on the passing of a background check and if I'm accepted as a volunteer, I will be expected to follow all library policies.

I understand I am not an employee of the library. I understand the library depends on its volunteers. I will arrive at the designated day and time, be dressed appropriately and will fulfill my assignment in a responsible manner. If I am unable to volunteer on my scheduled day and time, I will notify the Program Coordinator as soon as possible.

I have read and agree with the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**FOR LIBRARY USE**

Date Received \_\_\_\_\_ By \_\_\_\_\_

Department \_\_\_\_\_ Training Scheduled \_\_\_\_\_