

LA PORTE COUNTY PUBLIC LIBRARY STUDENT VOLUNTEER APPLICATION

DATE OF APPLICATION _____ BEGINNING DATE _____

NAME _____
(LAST) (FIRST) (MI)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ CURRENT GRADE IN SCHOOL _____

WHY DO YOU WANT TO BECOME A STUDENT VOLUNTEER? _____

DO YOU HAVE ANY HEALTH LIMITATIONS WHICH WOULD RESTRICT YOUR
VOLUNTEER ASSIGNMENT OR LIMIT YOUR ACTIVITY? YES _____ NO _____

IF YOUR ANSWER IS YES, PLEASE DESCRIBE _____

WHAT DAYS ARE YOU AVAILABLE TO VOLUNTEER?

_____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat

WHAT PART OF THE DAY ARE YOU AVAILABLE TO VOLUNTEER? PLEASE
CIRCLE ONE OR MORE:

MORNING

AFTERNOON

EVENING

ANY TIME

PLEASE CHECK ALL LOCATIONS YOU WOULD LIKE TO ASSIST IN:

- _____ MAIN ADULT
- _____ MAIN CHILDREN
- _____ MAIN AUDIOVISUAL
- _____ MAIN TECHNICAL SERVICES
- _____ EXTENSION SERVICES (NURSING HOMES, HOSPITAL,
HOMEBOUND DELIVERY)
- _____ BRANCH (COOLSPRING, FISH LAKE, HANNA, KINGSFORD HEIGHTS,
ROLLING PRAIRIE, UNION MILLS)
- _____ NO PREFERENCE

Signature

PARENTAL/GUARDIAN CONSENT

I HEREBY GIVE PERMISSION FOR _____ TO BECOME A
VOLUNTEER AT THE LA PORTE COUNTY PUBLIC LIBRARY, AND AFFIRM THAT
THE INFORMATION GIVEN ABOVE IS CORRECT.

PARENT/GUARDIAN NAME (PLEASE PRINT) _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PLEASE LIST BELOW TWO OR THREE PERSONS THAT WE CAN CONTACT IN
CASE OF AN EMERGENCY:

NAME _____

NAME _____

RELATIONSHIP _____

RELATIONSHIP _____

HOME PHONE _____

HOME PHONE _____

WORK PHONE _____

WORK PHONE _____

CELL PHONE _____

CELL PHONE _____

NAME _____

RELATIONSHIP _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____