



28 W 751 Stafford Place • Warrenville, IL 60555 • 630/393-1171 • Fax 630/393-1688

VOLUNTEER APPLICATION

Thank you for your interest in volunteering at the Warrenville Public Library District. To become a library volunteer, please submit a completed application. Please note: A library volunteer must be a Warrenville Public Library cardholder in good standing.

We will contact you when we have appropriate volunteer work for your skills and interests. Examples of volunteer tasks include maintaining the Paperback Exchange collection, xeroxing, and compiling packets. Volunteers may contribute up to an average of 4 hours per week. We appreciate your time and interest in supporting the library.

Date: _____ Library Card #: _____

Name: _____

Address: _____

Phone: Days: _____ Evenings: _____

Other contact numbers (FAX, e-mail, etc.) _____

If under the age of 18:

Age: _____ School: _____ Grade Level: _____

Reason for interest in volunteering? (Check one):

- ☐ IMSA Requirements ☐ St Irene's Confirmation Requirements
☐ Wheaton Warrenville South High School National Honor Society Requirements
☐ Boy/Cub Scouts ☐ Girl Scouts/Brownies
☐ OTHER (Explain): _____

Days available (Circle): Mon. Tues. Wed Thurs Fri Sat

Hours available: _____

Number of hours you would like to or are required to volunteer: _____

Deadline to complete the required number of hours (If applicable): _____

Skills:

Computer:

Microsoft Word:_____Microsoft Excel:_____Microsoft Access:_____

Microsoft PowerPoint:_____Desktop publishing:_____Computer graphics/design:_____

Other:

Alphabetizing: _____ Typing:_____Dewey Decimal System: _____

Previous library work experience:

Projects/areas of interest:

Adult Dept: ____ Youth Dept.: ____ Technical Services Dept: _____Circulation Dept:_____

Shelving:_____ Filing:_____ Yard Work:_____

Children's Programming:_____ Computer Troubleshooting:_____

Annual Book Sale:_____

Your application will be kept on file for six months from the date of application. The Library will notify you when there are any special or on-going projects for which you are needed.

The library does not cover library Volunteers with any type of insurance while performing any service or work for the library or off-site on behalf of the library.

Your signature on this page acknowledges that you have read, understand and shall hold the library blameless in case of an accident of whatever type.

Signed:_____ Date:_____

(If under the age of 18 signature of an adult, parent, or guardian is required):

Signature of Parent or Guardian