

Normal Public Library Volunteer Application

~ 206 W. College Ave., Normal, IL 61761 ~ Adult Dept: 309-452-1757 ~ Children's Dept: 309-454-4668 ~ www.normal-library.org ~

Please return application to Meghan Listek at the Normal Library. Email mlistek@normal-library.org or call with any questions.

Name: _____ Date: _____

Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____ Cell Phone #: _____

Email: _____ Are you over age 16? yes no

* Volunteers under the age of 16 may be accepted on a case by case basis and require a parent's signature.

Preferred Contact: Home Phone Cell Phone Email

Emergency Contact: _____ Home Phone #: _____

Relationship: _____ Cell Phone #: _____

Availability:

Mon: morning afternoon evening Fri: morning afternoon
Tue: morning afternoon evening Sat: morning afternoon
Wed: morning afternoon evening Sun: afternoon
Thurs: morning afternoon evening

What time commitment are you looking to make to your volunteer position?

less than a month 1-3 months 4-6 months 7-12 months more than a year

How much time would you like to spend volunteering?

special events only daily (____ hrs/day) weekly (____ hrs/week) monthly (____ hrs/month)

What types of activities would you be interested in?

book recycling helping with children's programming
 organizing materials and straightening shelves helping with teen programming
 gardening/landscaping helping with Seniors programming
 monitoring/assisting in the computer center light clerical work (*e.g., filing*)
 mending and cleaning materials work that involves computers and/or the internet
 helping with our Friends Group's biannual book sale creative and/or artistic work, such as decorating
 other: _____

Are you responding to a posting for a specific volunteer position? yes no

Position: _____

Interests/Skills: _____

Education and Work Experience: _____

Current Employer and Position: _____

Position Responsibilities: _____

Previous Volunteer Experiences: _____

Languages Spoken: _____

Reasons for Volunteering: Personal Satisfaction Career Exploration Service Hours Court Order

Are you fulfilling hours for a class or other agency? Yes No

Class or Agency: _____

Number of Hours Needed: _____ **When must hours be completed?** _____

Are you eligible for a State Farm Good Neighbors Grant? Yes No

References: (Please choose people who are not relatives. We would prefer references that you have worked with in a professional setting.)

Name: _____ **Title:** _____

Organization: _____ **Phone #:** _____

Email: _____ **Relationship (e.g. "boss"):** _____

Name: _____ **Title:** _____

Organization: _____ **Phone #:** _____

Email: _____ **Relationship (e.g. "boss"):** _____

Have you ever been dismissed or asked to resign from any position for reasons other than disability? yes no

If yes, please explain: _____

Have you ever been convicted of a crime? yes no

If yes, please explain: _____

Conviction will not necessarily be a bar to volunteering. Every instance and explanation will be considered individually.

A background check is required for all library volunteers. Are you willing to submit to one? yes no

Please initial the following:

I hereby certify that the information provided above is true and complete to the best of my knowledge. _____

I understand that I will not be paid as a volunteer. _____

I understand that I will serve as needed by the Normal Public Library and my assignment may end at any time, with or without cause. _____

I understand that my application may not be selected for volunteer service. _____

Please read the Confidentiality Agreement carefully and initial:

I understand that it is the policy of the Normal Public Library to protect the privacy of those who use the library. I agree to hold all information about patrons in complete confidence and to access this information only in the course of performing my volunteer assignments. In addition, I understand that a breach of confidentiality is grounds for dismissal from the library's Volunteer Program. _____

Signature of Applicant: _____ **Date:** _____

Signature of Parent or Legal Guardian (if applicant is under 16): _____

Parent's Printed Name: _____ **Parent's Phone #:** _____