

# Junior Volunteer Application 2017-- La Grange Park Public Library



Applications for Summer 2017 are due May 26, 2017

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

School \_\_\_\_\_ Grade (Fall '17) \_\_\_\_\_

Volunteers are typically scheduled for two hour blocks of time. How many times per week would you like to volunteer? \_\_\_\_\_ Please note that we cannot guarantee more than one volunteering slot per week.

Please check *a//* the times you would be able to volunteer. Please note: Fridays and Saturdays we close at 5:00pm and Sundays we are only open from 1:00pm-5:00pm.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning (10am-12pm)	XXX						
Early afternoon (12-2pm)							
Late afternoon (2-4pm)							
Early evening (4-6pm)	XXX					XXX	XXX
Evening (6-8pm)	XXX					XXX	XXX

This application is for summer only \_\_\_\_\_ and/or year 'round \_\_\_\_\_

Have you volunteered in a library before? If so, when, and what did you do?

\_\_\_\_\_

Interests:

\_\_\_\_\_

Are you interested in becoming a Book Buddy during the summer? \_\_\_\_\_

**Please note, this year Book Buddies will only take place Mondays from 11am-12pm and Thursdays from 7pm-8pm.**

Are you volunteering because you need service hours for school or another organization? \_\_\_\_\_

If yes, what is the name of the organization? \_\_\_\_\_

Number of hours needed \_\_\_\_\_ Deadline \_\_\_\_\_

If you're going on vacation in June or July, put the dates here: \_\_\_\_\_

I acknowledge I am performing services for the Library voluntarily and freely and do not expect to be paid in any way for performing the services. I do not have an existing employment relationship with the Library related to the services I am providing. I understand I can stop volunteering for the Library at any time, and the Library can ask me to stop volunteering at any time. I am not eligible for any Library benefits, including but not limited to disability or workers' compensation insurance, health insurance, or unemployment insurance. **I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Children's Department staff at (708) 352-0100 as soon as possible. If I decide to stop volunteering, I will notify the Children's Services Director.**

Volunteer Signature \_\_\_\_\_

Emergency Information

Person to contact in an emergency \_\_\_\_\_

Relationship to you \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_