

Junior Volunteer Application 2018-- La Grange Park Public Library



Today's Date _____

Name _____

Address _____

Home phone _____ Cell phone _____

Email _____

School _____ Grade (For the 2018-19 school year) _____

Volunteers are typically scheduled for two hour blocks of time.

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?

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.**

Please note: if you miss two shifts without notifying the library you will be removed from the volunteer schedule.

_____ (volunteer's signature)

Emergency Information

Person to contact in an emergency _____

Relationship to you _____ Phone Number _____

Parent/Guardian Signature _____ Date _____