

Roselle Public Library District

LIBRARY VOLUNTEER APPLICATION

Name _____ Roselle Library card holder: YES _____ NO _____
Home Address _____ City & State _____ zip _____
Home phone (____) _____ Cell phone (____) _____
Email address _____

Are you currently employed? YES _____ NO _____

If yes, please complete: Place of Employment _____
Address _____
(street) (city) (state) (zip)
Work Phone (____) _____
Occupation _____ How Many Years? _____

Are you currently a student? YES _____ NO _____

If yes, name of school _____

Level of school completed _____

Special skills and interests _____

Days available: (please circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times available: (please circle) Mornings Afternoons Evenings

Are you available year round: _____ YES _____ NO

If not, list months you are not available _____

When are you available to begin volunteering? _____

Emergency contact _____
(name) (relationship to you) (contact number)

Department you are interested in volunteering for: (please circle)

Circulation Reference Youth Services Maintenance Technical Services Other

Type of duties/activities you are interested in: _____

Reason for Volunteering: _____

Are you interested in applying for the VolunTEEN program? YES _____ NO _____

(applies to 6th—12th grades only)

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses ? YES _____ NO _____

If yes, please describe circumstances and outcome: _____

(ALL VOLUNTEER APPLICANTS MAY BE SUBJECT TO BACKGROUND CHECKS.)

REFERENCES

Please give the names, phone numbers, and addresses of two adult persons over the age of 18, not related to you, whom you have known for at least two years.

1) Name _____ Address _____

Phone (____) _____ How long known _____ Relationship to Applicant _____

2) Name _____ Address _____

Phone (____) _____ How long known _____ Relationship to Applicant _____

I state the above information is true and accurate to the best of my knowledge. If selected, I will fulfill my duties as agreed upon between myself and the Roselle Public Library District staff. Submission of application does not guarantee acceptance or availability of hours. All requests are subject to availability.

I acknowledge that I have received and read a copy of the Roselle Public Library District Rules and Expectations and agree to abide by them.

Signature of Applicant

Date

Signature of Parent/Guardian (if Applicant is under 18 years)

Date

Signature of Library Volunteer Supervisor

Date

Signature of Executive Director

Date