



Adult Volunteer Application St. Charles Public Library

Library Staff: Please forward completed applications to **Kimi Majors**, Adult Volunteer Coordinator

Name: _____ Date: _____

Street Address: _____ Are you over 18? yes no

City: _____ Zip: _____

E-mail: _____ Preferred Phone: _____

Emergency contact: _____ Relationship: _____ Phone: _____

Skills and Experience: (Please check all that apply)

___ Familiarity with our online catalog

___ Office computer skills (please list) _____

___ Library experience (if any) _____

Other skills or interests: _____

Time Commitment: ___ short term (less than 6 months) ___ long term (more than 6 months)
___ regular weekly schedule ___ sporadically/events only

What days are you available? Mon Tues Wed Thu Fri Weekends

What times are you available? Morning Afternoon

Previous work and/or volunteer experience:

Organization	Position	Description of Work Completed

Volunteer Interest:

Please indicate the possible volunteer areas that might interest you. You may check more than one.

- ___ Handling materials:
 - ___ Tidy and organize shelves
 - ___ Shelf DVDs
 - ___ Retrieve items from Library book drops
 - ___ Pull on-hold materials
- ___ Assisting selectors to maintain parts of the collection
- ___ Cleaning, dusting, oiling book carts

Other areas of interest: _____

Why are you interested in volunteering at the library?

References:

Name: _____ Relationship: _____ Phone: _____

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The Library strives to place every applicant. However, volunteer opportunities are limited. If unable to be assigned, please indicate if you are willing to be placed on a wait list. For more information, e-mail Adult Volunteer Coordinator Kimi Majors at kmajors@scpld.org or call 630-584-0076, ext. 228.

THANK YOU FOR YOUR INTERST IN VOLUNTEERING AT THE ST. CHARLES PUBLIC LIBRARY!

For Office Use Only:

Contacted: _____

Status: _____

Assignment: _____

Supervisor: _____