



## High School Volunteer Application

Please fill out entire application. Applications that are not complete will not be considered.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Library Card Number: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Availability (Please number top three time periods)

Monday morning \_\_\_\_\_ Tuesday morning \_\_\_\_\_

Monday afternoon \_\_\_\_\_ Tuesday afternoon \_\_\_\_\_

Wednesday morning \_\_\_\_\_ Thursday morning \_\_\_\_\_ Friday morning \_\_\_\_\_

Wednesday afternoon \_\_\_\_\_ Thursday afternoon \_\_\_\_\_ Friday afternoon \_\_\_\_\_

Saturday morning \_\_\_\_\_ Sunday afternoon \_\_\_\_\_

Saturday afternoon \_\_\_\_\_

Other (please explain) \_\_\_\_\_

Please list any dates that you know you will not be available (example: vacations):

\_\_\_\_\_

(Continues on reverse)

**Do you use the Library? If so, how?**

\_\_\_\_\_ Search for materials using the online catalog

\_\_\_\_\_ Search databases

\_\_\_\_\_ Browse the fiction collection

\_\_\_\_\_ Other: \_\_\_\_\_

**Areas of interest/activities** (hobbies, reading interests, volunteer experience, etc.)

**Additional Comments:**

**Were you previously a St. Charles Public Library Junior Friend in Youth Services?** Yes \_\_\_ No \_\_\_

**Were you previously a High School Volunteer?** Yes \_\_\_ No \_\_\_

**Reference – must be provided to be considered:**

Select one:    teacher            advisor            neighbor            pastor            other \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Parent’s or Guardian’s Signature** (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Library volunteer opportunities are limited. Applications are reviewed, reference contacted, and Library staff surveyed for needs to see if a match is possible. For more information, please contact the Adult Services Department at 630-584-0076, ext. 1.



**For Office Use Only**

**Library Staff:** Please forward completed applications to Brandon in **Adult Services**.

Date Returned: \_\_\_\_\_

Contacted: \_\_\_\_\_

Assignment: \_\_\_\_\_