



# Wilmette Public Library Volunteer Application

## Contact Information

Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Weekday evenings

Weekend evenings

## General

Tell us in which areas you are interested in volunteering

Shelving

Programs/Events

Adult/Teen Services

Administration

Youth Services

Have you ever worked or volunteered at WPL before?  Yes  No If so, when? \_\_\_\_\_

If under the age of 18, what is your current grade: \_\_\_\_\_

Are you volunteering to fulfill a school requirement?  Yes  No

Number of Hours: \_\_\_\_\_

Specific Requirements:

## Previous Volunteer Experience

Summarize your previous volunteer experience.

## Special Skills or Qualifications

Summarize any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities including hobbies or sports.

## References

Please list two references who are not related to you (not required for applicants under the age of 18)

Name \_\_\_\_\_

Phone and email \_\_\_\_\_

Relationship to you \_\_\_\_\_

Name \_\_\_\_\_

Phone and email \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Person to Notify in Case of Emergency**

Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also understand I may be required to submit a Background Check and results could impact my eligibility status.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

(If applicant is under 18 years of age)

Date \_\_\_\_\_

**Our Policy**

Wilmette Public Library provides equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.

Wilmette Public Library complies with the Americans with Disabilities Act (ADA) and will review all requests for reasonable accommodations. Please contact Michael Boone, HR Manager, if you require any accommodations.

Thank you for completing this application and for your interest in volunteering with us!