

Woodridge Public Library 3 Plaza Drive Woodridge IL, 60517
Tel (630) 964-7899 Fax (630) 964-0175 TTY (630) 964-7986
www.woodridgelibrary.org

APPLICATION FOR VOLUNTEER SERVICE

Please print clearly:

Name _____ Date _____
Last First

Address _____
Street City State Zip

Phone _____ Email _____

Type of Service _____ Regular _____ Court Ordered _____ School/Church _____
Service Organization/

Preferred Time to Work

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Do you have any physical limitations that should be considered? No _____ Yes _____

If yes, please explain: _____

Any special skills or interests? _____

Do you speak any language besides English? Please list. Are you fluent?

Please list two people (employers, neighbors, or other non-relative) that we may contact for a reference.

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of an emergency, whom should we call?

Name: _____ Phone: _____

Relationship: _____

Have you every been convicted of a felony? No _____ Yes _____

If yes, please give a short explanation of the circumstances of your conviction including date, nature and place of offense.

Volunteers are responsible for maintaining the confidentiality of all proprietary or private information whether this information involves an individual staff member or library patron.

The library reserves the right to evaluate the placement or performance of a volunteer and make changes as necessary, including termination of the volunteer's work at the library.

Please read the following agreement before signing.

I hereby attest I have to the best of my ability truthfully answered the questions on this application; I further attest that my attendance and involvement in activities for the Woodridge Public Library are voluntary. I agree to keep confidential all proprietary or private information whether this information involves library employees, patrons, or other volunteers.

Signature of Applicant

Date

For additional information contact

Pam Whitt

Phone (630) 964-7899 ext 250

Email pwhitt@woodridgelibrary.org