

## **Woodridge Public Library**

3 Plaza Drive, Woodridge, IL 60517-5014 Phone: 630-964-7899 Fax: 630-964-0175 www.woodridgelibrary.org

## **Volunteer Information**

Woodridge Public Library offers various volunteer opportunities. Our volunteers work at many different tasks and levels that make it possible for the Library to provide better services to our patrons and to the community.

If you are interested in becoming a volunteer, please complete the application and return it to the Circulation Desk or submit it via email to <a href="woodridgelibrary.org">woodridgelibrary.org</a>. Volunteer positions will be filled based on Library's need, education, interest, availability, and experience appropriate for the specific position. All volunteer applications will remain on file for one year.

Please **<u>Do Not</u>** call to check on the status of your application, we will contact you if we have an open position.

## **Volunteer Application**



Date:			
Date.			

Contact Information	
Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	<u> </u>
Work or Cell Phone	
E-Mail Address	
Availability	
The Library is Open Monday through Frida 5PM. Please indicate the days and hours	ay 9 AM to 9 PM, Saturday 9 AM to 5PM, and Sunday, 1PM to you are available to volunteer.
☐ Monday Hours:	☐ Friday Hours:
☐ Tuesday Hours:	☐ Saturday Hours:
☐ Wednesday Hours:	☐ Sunday Hours:
☐ Thursday Hours:	
Are you interested in working: □ a re *Please note that court-appointed con  Reason for Seeking a Volunteer C	nmunity service volunteers are not used by the library.
Please briefly describe your interest in volui	nteering:
Interests	
Tell us in which areas you are interested	in volunteering:
$\hfill\square$ Pulling materials from the shelves	
$\hfill\Box$ Delivering materials to patrons	
☐ Cleaning and grounds maintenance	
$\hfill\square$ Maintaining the book sale	
☐ Helping at Library events	

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Special Skills or Qualific					
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.					
Are you fluent in any foreign land No ☐ (If yes what language)		Are you computer literate? Yes □ No □			
<b>Previous Volunteer Experience</b>	erience				
Summarize your previous volu	ınteer experience:				
Reference					
Name and Title:	***************************************				
Contact Phone Number:					
Our Policy					
A criminal information backgr	ound check is requ	ired for all adult volunteers prior to acceptance for			
volunteer services.					
Volunteers are responsible for maintaining the confidentiality of all proprietary or private information whether this information involves Library staff or patrons.					
The Library reserves the right to evaluate the placement of performance of a volunteer and to make					
changes as necessary, including termination of the volunteer's work. Please read the following agreement before signing.					
agreement before signing.					
Agreement and Signature					
By submitting this application, I affirm that the facts set forth in it are true and complete. I 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 staff, patrons or other volunteers.					
Name (printed)					
Signature					
Date					