

# Application for Volunteer Service



**Thank you for your interest in volunteering at the Des Plaines Public Library. APPLICATIONS ARE ONLY ACCEPTED FOR CURRENTLY OPEN VOLUNTEER POSITIONS. Refer to the "Be A Volunteer" Page on [www.dppl.org](http://www.dppl.org) for a complete listing.**

Open Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Hours Available to Volunteer

	SUN	MON	TUES	WED	THUR	FRI	SAT
Morning	Closed						
Afternoon							
Evening	Closed						Closed

Available to Work: Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

Length of Commitment you can offer the library: 3 Months \_\_\_ 6 Months \_\_\_ 12 Months \_\_\_ Unlimited \_\_\_

Why are you interested in this specific volunteer opportunity at the Des Plaines Public Library?  
 \_\_\_\_\_  
 \_\_\_\_\_

**In the event of an emergency, please contact:**

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

**Skills you can bring to a job. Check as many as applicable. These will be used to better match you to available volunteer positions.**

<input type="checkbox"/> Delivering library items to homebound patrons (must provide own transportation.)	<input type="checkbox"/> Data entry.
<input type="checkbox"/> Distribute library materials in the community (must provide own transportation.)	<input type="checkbox"/> Writing / Public Relations Skills
<input type="checkbox"/> Preparing items for circulation. (i.e. magazine processing and filing.)	<input type="checkbox"/> Filing
<input type="checkbox"/> Neat/orderly (straightening up book shelves and checking book order, etc.)	<input type="checkbox"/> Typing
<input type="checkbox"/> Cleaning books and other materials	<input type="checkbox"/> Computer skills
<input type="checkbox"/> Translation of written material from English to another language.	<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Other office skills	<input type="checkbox"/> Other Skills

Explain further: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal References**

Name and Occupation	Address	Phone Number	Relationship

**Please read the following agreement and sign below:**

I hereby attest that my attendance and involvement in activities undertaken for the Des Plaines Public Library are voluntary and that I am participating at my own risk. In addition, I agree to keep confidential all patron information or Library records I may encounter. If qualified for volunteer service, I agree to abide by the rules and regulations of the Des Plaines Public Library. I understand that a background check will be conducted prior to my beginning volunteer services at the library. **I understand I must provide appropriate ID and Social Security card for the background check.** By signing below I grant permission to conduct said background check.

Print Name \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Parent/Guardian Signature (if under 18 years of age) \_\_\_\_\_

Drivers License/State ID Number \_\_\_\_\_