

El Paso Public Library Volunteer Application

149 W First Street El Paso, IL 61738 309-527-4360 www.elpasopubliclibrary.net

Name: _____

Date: _____

Address: _____

Home Ph.#: _____

City: _____ State: _____ Zip: _____

Cell Ph.#: _____

Email: _____

Are you over 16? [] yes [] no

Preferred Contact: [] Home Phone [] Cell Phone [] Email

Emergency Contact: _____

Home Ph.# _____

Relationship: _____

Cell Ph.# _____

Availability:

Morning: [] Mon [] Tues [] Wed [] Thurs [] Fri [] Sat

Afternoon: [] Mon [] Tues [] Wed [] Thurs [] Fri [] Sat

Evening: [] Mon [] Tues [] Wed [] Thurs [] Fri [] Sat

What time commitment are you looking to make to your volunteer position?

[] less than a month [] 1-3 months [] 4-6 months [] 7-12 months [] more than a year

How much time would you like to spend volunteering?

[] special events only [] daily (____hrs/day) [] weekly (____hrs/wk) [] monthly (____hrs/month)

What types of activities are you interested in?

[] book recycling [] helping with the Friends of the Library Book Store

[] organizing materials and straightening shelves

[] mending and cleaning materials

[] helping with Children's programming

[] helping with Teen programming

[] helping with Senior's programming

Interests/Skills:

Education and work experience: _____

Current Employer and Position: _____

Position Responsibilities: _____

Previous Volunteer Experiences: _____

Reasons for Volunteering: Personal Satisfaction Career Exploration Service Hours Court Order

Are you fulfilling hours for a class or other agency? Yes No

Class or Agency: _____

Number of Hours Needed: _____ **When must hours be completed?** _____

Are you eligible for a State Farm Good Neighbors Grant? Yes No

References: (Please choose people who are not relatives. We would prefer references that you have worked with in a professional setting.)

Name: _____ **Title:** _____

Organization: _____ **Phone#:** _____

Email: _____ **Relationship:** _____

Name: _____ **Title:** _____

Organization: _____ **Phone#:** _____

Email: _____ **Relationship:** _____

Have you ever been dismissed or asked to resign from any position for reasons other than disability? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime: Yes No

If yes, please explain: _____

Conviction will not necessarily be a bar to volunteering. Every instance and explanation will be considered individually

Please initial the following:

I hereby certify that the information provided above is true and complete to the best of my knowledge. _____

I understand that I will not be paid as a volunteer. _____

I understand that I will serve as needed by the El Paso Public Library and my assignment may end at any time, with or without cause. _____

I understand that my application may not be selected for volunteer service. _____

Please read the Confidentiality Agreement carefully and initial:

I understand that it is the policy of the El Paso Public Library to protect the privacy of those who use the library. I agree to hold all information about patrons in complete confidence and to access this information only in the course of performing my volunteer assignments. In addition, I understand that a breach of confidentiality is grounds for dismissal from the library's Volunteer Program. _____

Signature of Applicant: _____ **Date:** _____

Signature of Parent or Legal Guardian (if applicant is under 16): _____

Parent's Printed Name: _____ **Parent's Phone#:** _____