



■ Sugar Grove Public Library **VOLUNTEER APPLICATION**

To apply to be a volunteer, please complete all sections

About Volunteering

Thank you for your interest in volunteering at the Sugar Grove Public Library!

As a small, understaffed library we rely on our dedicated volunteers to help us with tasks throughout the library. Volunteers help shelf read and shelve, maintain the library building and grounds, serve as ambassadors to the community, as well as help with programs, special events, and Summer Reading. Volunteers will be trained and supervised by a staff member in the department they are assigned.

All volunteers must be 13 years of age or older.

Volunteers are expected to follow library staff policy. This includes, but is not limited to, being polite to patrons, following all library guidelines, and wearing appropriate clothes - closed toed shoes and slogan free attire.

Volunteers are responsible for keeping track of their own schedules and commitments at the library. Typically volunteers are assigned one 2 hour shift weekly, bi-weekly, or monthly. We ask that volunteers be punctual in arriving for their assigned shifts and contact the library if they will be late or absent. **Three unexplained absences will result in exclusion from the Volunteer Program.**

Once your application is received, you will be contacted regarding your application status and setting up an orientation, if approved.

Contact Information

First Name: Middle Name: Last Name:

Preferred Name: Date of Birth (MM/DD/YYYY):*

*Volunteers must be 13 years of age or older to volunteer at the Sugar Grove Public Library

Mailing Address: Apt # PO Box:

City, State, Zip Code:

Main Phone #: Email:

Areas of Interest

Please select what areas or programs you are interested in helping with:

- | | |
|---|--|
| <input type="checkbox"/> Library Ambassadors | <input type="checkbox"/> VolunTEENS (for patrons age 13 - 18 only) |
| <input type="checkbox"/> Shelf Reading and Shelving | <input type="checkbox"/> Building Maintenance and Landscaping |
| <input type="checkbox"/> Programs | <input type="checkbox"/> Summer Reading (runs from June - August) |
| <input type="checkbox"/> Special Events (as needed) | <input type="checkbox"/> Projects (as needed) |

Community Service Hours

Are you volunteering to earn Community Service Hours? Yes No

If YES, are the hours: Court-mandated School requirement

How many hours are needed?*

What date do the hours need to be completed by?

*Volunteer shifts are typically 2 hours weekly, bi-weekly, or monthly. Please be aware that the library will likely not be able to accommodate a large number of hours in a short time frame.

Availability

How frequently are you interested in volunteering? Weekly Bi-weekly Monthly

Please indicate which days and times you are available to volunteer:

Monday

10 am - 12 pm 12 pm - 2 pm 2 pm - 4 pm 4 pm - 6 pm

Tuesday

10 am - 12 pm 12 pm - 2 pm 2 pm - 4 pm 4 pm - 6 pm

Wednesday

10 am - 12 pm 12 pm - 2 pm 2 pm - 4 pm 4 pm - 6 pm

Thursday

10 am - 12 pm 12 pm - 2 pm 2 pm - 4 pm 4 pm - 6 pm

Saturday

10 am - 12 pm 12 pm - 2 pm 2 pm - 4 pm

Sunday

2 pm - 4 pm 3 pm - 5 pm

Please fill in your top two preferred shift times from the above selection:

Preference 1: Preference 2:

References

Please give the name and phone number of two references:

Reference 1

First Name:

Last Name:

Phone #:

Reference 2

First Name:

Last Name:

Phone #:

Relevant Skills

Please tell us about what skills or experiences you have that could help in the library:

Have you ever worked in a library? Yes No

If YES, what type of experience do you have? Please explain below:

Emergency Contact

Please provide a contact for the library to reach out to in case of emergency:

First Name:

Last Name:

Mailing Address:

Apt #

PO Box:

City, State, Zip Code:

Main Phone #:

Email:

Secondary Phone #:

Relationship:

I have read and understand all of the above policies. I understand and agree that submitting this application form does not automatically enroll me as a Sugar Grove Public Library District volunteer.

By submitting this form, I attest that the information I have provided on the form is true and accurate.

Signature: _____ Date: _____

FOR STAFF USE ONLY

Today's Date

Staff Initials