



Sugar Grove Public Library Volunteer Application

<i>For office use only</i>	received by (staff initials):	date received:
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Name: _____

Address: _____

Date of Birth: ____/____/____

Phone: _____ (circle one): Home / Mobile / Work

Alternate phone: _____ (circle one): Home / Mobile / Work

Email: _____

Are you volunteering to earn service hours? Yes _____ No _____

If yes:

- Are your hours (*check one*): court-ordered _____ or a school requirement _____
- How many hours are needed? _____ hours
- Is there a deadline? Yes _____ No _____

Hours need to be completed by (date): _____

The Sugar Grove Public Library's summer reading program generally begins the first Saturday in June and runs until the last Saturday in August. Would you be interested in more information about assisting with the 10-week summer reading program and/or special events during that time, such as the kick-off and finale dates? Yes _____ No _____

(If yes, please also fill out attached summer reading application)

(Over, please)

Availability

Indicate the days and times you are usually available to volunteer. Please note that the library's hours of operation vary depending on the day of the week.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Volunteer shifts are typically two hours long, once a week or once every two weeks. Please provide a specific, preferred two-hour shift time that would work best for you:

(Example: 11:30am-1:30pm on the first and third Mondays of each month)

Alternate shift choice: _____

Please give a name and phone number for two references:

1. _____

2. _____

Please tell us about any skills or experience you have that could help the Library:

Do you have any Library experience? What type? _____

Emergency Contacts

In the event of an emergency, whom should we notify?

Contact 1

First name:	<input type="text"/>
Last name:	<input type="text"/>
Street Address	<input type="text"/>
City/State/Zip	<input type="text"/>
Home phone:	<input type="text"/>
Work phone:	<input type="text"/>
Cell phone:	<input type="text"/>
Relationship:	<input type="text"/>

Contact 2

First name:	<input type="text"/>
Last name:	<input type="text"/>
Street Address	<input type="text"/>
City/State/Zip	<input type="text"/>
Home phone:	<input type="text"/>
Work phone:	<input type="text"/>
Cell phone:	<input type="text"/>
Relationship:	<input type="text"/>

(Over, please)

Please sign and return this with your application

- A signed application is required before participation.
- Volunteers are responsible for keeping track of their own schedules and commitments.
- Please have your supervisor sign any community service paperwork during one of your shifts.
- Volunteers will be trained and supervised by a staff member in the department assigned.
- Please dress appropriately when you come into work: clean clothes without inappropriate slogans.
- Punctuality is very important. Please call if you will be more than 20 minutes late. Three unexplained absences (including arriving more than 20 minutes late with no phone call or email) will result in exclusion from the Volunteer Program.
- Volunteers are required to wear a volunteer badge while working.
- At no time will the Volunteer Program tolerate harassment, abusive language or behavior from or toward its participants. Any problems should be immediately reported to a staff member.
- Volunteers are not required to help patrons while using the library as a patron. Simply refer patrons to the closest staff member.

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.

Applicant's Signature: _____

Date: ____/____/____

Additional signature from Parent/Guardian if applicant is under 18:
