



Adult Services Volunteer Application/Adults & Teens

Lisle Library District, Adult Services Department

777 Front Street, Lisle, IL 60532 - Phone: (630) 971-1675 Email: Tatiana@lislelibrary.org

Volunteer Name	First	Last	
Phone Number	Home: () -	Cell: () -	
Emergency Contact	First, Last Name	Relation to Volunteer	Phone Number
Email		Personal Reference <i>Not related to applicant</i>	Name/Phone

Why do you want to volunteer at the Library?

What type of volunteer responsibilities interest you? (Choose all that apply)

<input type="checkbox"/> Putting books in order	<input type="checkbox"/> Packing boxes	<input type="checkbox"/> Creating book displays	<input type="checkbox"/> Copying, filing, folding paper
<input type="checkbox"/> Clerical	<input type="checkbox"/> Labeling materials	<input type="checkbox"/> Cleaning DVDs and CDs	<input type="checkbox"/> Finding books from a list
<input type="checkbox"/> Home Delivery Service*	<input type="checkbox"/> Cleaning shelves	<input type="checkbox"/> Summer Read help	
<input type="checkbox"/> Helping with programs		<input type="checkbox"/> Distributing promotional materials	

*Home Delivery Volunteers subject to criminal background check

Time Commitment

How many volunteer hours do you want/need? _____

How often do you want to volunteer? Weekly Monthly Summer Only Other _____

Can we contact you for last minute volunteer needs in areas of your interest? _____

When are you able to volunteer at the Library?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 9:30am—11am							XXX
Afternoon 11am—5pm							
Evening 5pm—9pm						XXX	XXX

What skills or interests do you have? (Check all that apply)

<input type="checkbox"/> Computers	<input type="checkbox"/> Reading/Books/Authors	<input type="checkbox"/> Alphabetizing	<input type="checkbox"/> Other:
<input type="checkbox"/> Numbers/Statistics/Math	<input type="checkbox"/> Science	<input type="checkbox"/> Multiple Languages	<input type="checkbox"/> Other:
<input type="checkbox"/> Art	<input type="checkbox"/> Organizing	<input type="checkbox"/> History	<input type="checkbox"/> Other:

How did you hear about the Library's volunteer opportunities?

What previous volunteer experience do you have?

Guidelines for volunteers

What you can expect from us:

- **A positive experience:** Adult Services relies on volunteers to help provide quality service to our Library users. We offer training and want you to feel comfortable while performing your duties.
- **Supervision:** The Volunteer Coordinator provides training, oversees your work, sets schedules, tracks your time and answers questions.
- **Support:** Should difficulties arise, please ask for assistance from the Coordinator or contact someone at the Adult Services desks.
- **Reference Letter:** Our Volunteer Coordinator is pleased to provide volunteers with a reference letter upon request, after they have completed their commitment. **One week notice is required for a letter to be issued.**

What we expect from you:

- **Dependability:** Please arrive on time. If you must miss, please contact the Coordinator as soon as possible at 630-971-1675.
- **Professional Work Habits:** When you arrive, please sign-in and tell staff you are a volunteer and where you will be working. Do the work you are assigned. If you have questions, ask for help.
- **Compliance:** You must comply with all Library policies, procedures, and codes of conduct.
- **Dress Code:** Dress comfortably. Personal cleanliness and neatness is required of all volunteers and no obscene pictures or messages can be worn on clothing. **Wear your volunteer badge when on Library premises.**
- **Confidentiality:** Volunteers are to keep all personal information acquired while volunteering at the Library confidential. A person's Library records and all information needs are private and confidential.
- **Computer/Equipment Usage:** At no time may any volunteer use the computer, internet, email, or phone in ways that are disruptive or abusive.
- **Leave:** We understand that it may become necessary for a volunteer to end their time with us. Please provide the Coordinator with notice as soon as possible.

Applicant Signature (Parental Consent—for those who are under 18)

I certify that the information provided on this application is true to the best of my knowledge.

Parents: By signing your name below you are stating, as the applicant's parent or guardian, that you give your consent for the applicant to participate in the volunteer program at The Lisle Library District.

Applicant (Please print): _____ Date: _____

Signature of Applicant: _____

Parent/Guardian (Please print): _____ Date: _____

Signature of Parent/Guardian: _____