

# WAUCONDA AREA PUBLIC LIBRARY DISTRICT



801 NORTH MAIN STREET

THOMAS D. KERN, DIRECTOR

WAUCONDA, ILLINOIS 60084

[www.wauclib.org](http://www.wauclib.org)

(847) 526-6225 FAX (847) 526-6244

[wauconda.northstarnet.org](http://wauconda.northstarnet.org)

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## ADULT VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail address \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Special interests and general skills: For example; computer skills, clerical work, artistic ability, foreign language, etc.

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Volunteer experience:

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Education and Training

High School diploma

Trade School

College degree

Graduate or advanced degree

Other certificates or training: \_\_\_\_\_

Areas of specialized education: \_\_\_\_\_

What area of the library interests you? (Check all that apply)

Adult Services \_\_\_\_\_ Children Services \_\_\_\_\_ Circulation Department \_\_\_\_\_

Maintenance Department \_\_\_\_\_ Technical Services \_\_\_\_\_

Time commitment (circle all that apply)

Short term (2months) / Long term (6 + months) / Regular weekly schedule / Special projects

Availability

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Reference (Not a relative):

Name \_\_\_\_\_ Phone \_\_\_\_\_

The library does not accept any Court Appointed/Community Service Volunteers.

**RELEASE**

The undersigned does hereby release Wauconda Area Library from any liability for any claims or causes of action which may result from the activities of the volunteer while engaged in volunteer service to the Wauconda Area Library.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Opportunities are also available with the Friends of the Library.

**PLEASE RETURN THIS APPLICATION FORM TO:**

Regina Schauer, Volunteer Coordinator

Wauconda Area Library

801 N. Main Street

Wauconda, IL 60084

847-526-6225 ext. 213