

WAUCONDA AREA PUBLIC LIBRARY DISTRICT



801 NORTH MAIN STREET

THOMAS D. KERN, DIRECTOR

WAUCONDA, ILLINOIS 60084

www.wauclib.org

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

wauconda.northstarnet.org

TEEN VOLUNTEER APPLICATION

Name _____ Date _____

Address _____ City _____ Zip _____

Phone _____ Cell # _____ E-mail address _____

Parent's Name _____ Home Phone _____

Work # _____ Cell # _____

School Attending _____ Grade _____

Emergency contact (if different from caregiver)

Name _____ Phone _____

Relationship _____

Why do you want to be a library volunteer? _____

How did you find out about volunteer opportunities at the Wauconda Area Library?

Are you fulfilling a school requirement to volunteer? _____ If so, for what club/organization?

_____ Number of hours required: _____

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

Adult Services _____ Children Services _____ Circulation Department _____

Maintenance Department _____ Technical Services _____

What are your skills/work experiences? _____

Availability:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

PLEASE LIST TWO ADULT REFERENCES: (Non-family member only please.)

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

I hereby authorize any person, I have listed as a reference on my volunteer application to disclose in good faith any information they may have regarding my qualifications and fitness for volunteering. I understand that the Wauconda Area Library and any educational institutions and/or persons giving references are not liable for the exchange of this, and any other reasonable and necessary information will be used solely for the consideration of me as a candidate for volunteering.

Signature of Student _____ Date _____

Signature of Parent or Guardian _____ Date _____

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 student while engaged in volunteer service to the Wauconda Area Library.

Signature _____ Date _____

Signature of Parent or Guardian _____ Date _____

Relationship to Applicant (Parent or Guardian) _____

PLEASE RETURN THIS APPLICATION FORM TO:

Regina Schauer, Volunteer Coordinator

Wauconda Area Library

801 N. Main Street

Wauconda, IL 60084