

The Urbana Free Library Computer Lab Volunteer Application

[rec'd date _____ /Ack. Date & initials _____]

Thank you for your interest in volunteering at The Urbana Free Library. Adult Services seeks qualified candidates to assist in our public computer lab. Please attach a resume if you have one available (not required).

Name

Street Address/Apt. #

City

State

Zip

Phone: Home

Cell

Work

Email

Are you now or have you been a student at the School of Information Sciences at Illinois? Yes No

Tell us something about yourself and why you are interested in volunteering at the The Urbana Free Library.

What previous relevant experience do you have? How much, if any, teaching experience do you have working with the public?

What software are you familiar with? How much experience do you have troubleshooting technology issues?

Languages you speak other than English (Please indicate your level of fluency.)

 Polite Literate Fluent

 Polite Literate Fluent

(over)



How often are you available to volunteer? (*A minimum two-hour commitment each week is preferred.)

Please indicate the number of hours you would like to volunteer (e.g., 1 hr, 2 hrs).

Once a week / hours: _____ Twice a week / hours: _____ Daily / hours: _____ Other / hours: _____

What hours/days of the week are you available to volunteer? One hour per week minimum, please.

Example: **Tuesday evenings 6:00 - 7:00 p.m. Please enter a time, not an 'X'.**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday*	Saturday
Morning	not open						
Afternoon							
Evening	not open						not open

*The Library is open one Friday evening a month, 6:00 - 8:00 p.m.

Will you need your volunteer hours to be recorded for any reason or will your volunteering fulfill a class requirement?

If yes, please explain. Yes No

For AGE 16 AND ABOVE:

Personal References: Please list two non-family members whom we may contact and who would be able to tell us about you. Include at least one method of contact.

Name _____ Name _____

Address _____ Address _____

Email _____ Email _____

Daytime phone _____ Daytime phone _____

Relationship to you _____ Relationship to you _____

Emergency contact:

_____ Name

_____ Relationship to you Phone number

Volunteer Release Statement: I hereby certify that the above information on this application is true, accurate, and complete to the best of my knowledge. My signature authorizes The Urbana Free Library to verify any of the information on this application and secure information from personal references. If I am accepted as a volunteer at The Urbana Free Library, I agree to abide by the Library's rules and regulations.

_____ Signature Date