

# The Urbana Free Library Teen Open Lab Volunteer Application

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

Thank you for your interest in volunteering at the Teen Open Lab at The Urbana Free Library. Please attach a resume if you have one available (not required).

Name \_\_\_\_\_

Current Address: Street Address/Apt. # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Email \_\_\_\_\_

Permanent Address: Street Address/Apt. # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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 Teen Open Lab.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have experience with 3D printing, vinyl cutters, sewing machines, graphics tablets, or music or video production?

Yes  No

Please list any creation/maker interests or skills you have aside from what is available in the Teen Open Lab.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(over)



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

\_\_\_\_\_  Polite     Literate     Fluent

\_\_\_\_\_  Polite     Literate     Fluent

The Teen Open Lab is open Monday, Tuesday, Wednesday, and Thursday from 3:00 p.m. - 5:30 p.m. most weeks.

What hours/days of the week are you available to volunteer?

Monday / hours: \_\_\_\_\_  Tuesday / hours: \_\_\_\_\_  Wednesday / hours: \_\_\_\_\_  Thursday / hours: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_