

# The Urbana Free Library Volunteer Application

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

Thank you for your interest in volunteering at The Urbana Free Library.

Name \_\_\_\_\_

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

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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

Cell \_\_\_\_\_

Work \_\_\_\_\_

Email \_\_\_\_\_

**Emergency contact:**

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Phone number \_\_\_\_\_

Number of school hours required: \_\_\_\_\_

Number of court appointed hours required: \_\_\_\_\_

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

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

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

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

Once a volunteer commits to a schedule, the Library adjusts projects/tasks accordingly and counts on the volunteer to fulfill his or her commitment. Tell us about the time frame you will be available to volunteer at the Library.

Length of service commitment:

- Year     
  Semester     
  Month     
  One-day/one-week projects only  
 Summer break     
  Spring break     
  Winter break     
  Other \_\_\_\_\_

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.

\*\* Evening hours for Archives are limited to Wednesday.

(over)



**Please check any activities that you are interested in:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Acquisitions Volunteer             | <input type="checkbox"/> Adopt-a-Shelf Volunteer                 | <input type="checkbox"/> Archives Volunteer             |
| <input type="checkbox"/> Bibliography Checking Volunteer    | <input type="checkbox"/> Chess Club Volunteer                    | <input type="checkbox"/> Children's Services Volunteer  |
| <input type="checkbox"/> Circulation Services Volunteer     | <input type="checkbox"/> Clerical Volunteer                      | <input type="checkbox"/> Display Volunteer              |
| <input type="checkbox"/> Game and Kit Inventory Volunteer   | <input type="checkbox"/> Gardening/Fairy Garden Volunteer        | <input type="checkbox"/> Graphic Services Volunteer     |
| <input type="checkbox"/> Home Delivery Volunteer - Driver   | <input type="checkbox"/> Home Delivery Volunteer - Item Selector | <input type="checkbox"/> Maintenance/Cleaning Volunteer |
| <input type="checkbox"/> Material Finding Volunteer         | <input type="checkbox"/> Other                                   |   |
| <input checked="" type="checkbox"/> Computer Lab Volunteer* | <input checked="" type="checkbox"/> Teen Open Lab Volunteer*     |   |

\*Additional questions required.

**Please check any skills you have:**

- |                                       |                                    |                                   |                                 |  |                                   |
|---------------------------------------|------------------------------------|-----------------------------------|---------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Tutoring     | <input type="checkbox"/> ESL       | <input type="checkbox"/> SCORE    | <input type="checkbox"/> Excel  | <input type="checkbox"/> Word processing | <input type="checkbox"/> Indexing |
| <input type="checkbox"/> Graphic arts | <input type="checkbox"/> Gardening | <input type="checkbox"/> Painting | <input type="checkbox"/> Sewing | <input type="checkbox"/> Inventorying    |                                   |

Other \_\_\_\_\_

Previous library experience:  Yes  No

Please describe your library experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For AGE 14 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 _____

**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

