	/Onb	oarding Date & initia	als	/Expiry	Date	?Re	eturnable? Y or N ]
<sup>-</sup> hank you for y	our interest in v	volunteering at 1	Гhe Urbana Fr	ee Library.			
Name							
Address							
Phone: Primary	у			Email			
am 🗌 a i	minor (betweer	n the ages of 14 a	and 18 years)	🗌 an adult (d	over the age of	18 vears)	
		Children unde	er the age of 14 n	nay not volunteer inc	dependently.		
		lren may volunteer ir	n the gardens as a	a unit. Parents & gua	rdians will assume	all liability for their	children.
Emergency co	ntact:						
Name							
Relationship to you				Phone number			
Are you now o	r have you beer	a student at the	e School of Inf	ormation Scienc	es at Illinois?	Yes	🗌 No
	spoak other th	an English (Plea	so indicato vo				
anguages you	-	an English (Fleas			.y.)	Fluent	
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PLEASE RANK THE TOP THREE VOLUNTEER OPPORTUN	ITTIES YOU ARE INTERESTED IN:				
<ul> <li>Material Finding Volunteer         Typically 1 shift/week; 2 hours per shift</li> <li>Library Program Support Volunteer         Typically 1 shift/week; 1-2 hours per shift</li> <li>Seed Exchange Volunteer*         Once/week; 1-2 hours per shift</li> <li>Friends Book Sale Support Volunteer         Set-up &amp; take down; 4 times/year</li> <li>Home Delivery Item Selector Volunteer         Typically remote; up to 1 hour per week</li> <li>Gardening Volunteer         Typically 1 shift/week; 2 hours per shift; April-Nov</li> </ul>	<ul> <li>Home Delivery Driver Volunteer*         <ul> <li>Once/month; 2-5 hours per shift</li> <li>Archives Volunteer*             <ul></ul></li></ul></li></ul>				
PLEASE CHECK ANY SKILLS YOU HAVE:         Tutoring       ESL       SCORE         Data Entry       Graphic arts       Gardening         Sewing       Teaching K12       Vinyl Cutting         Music/Video production       Other         Briefly describe any library experience:					
bleny describe any software of it support experience.					
Personal References:       Please list two non-family members w         Name       Address         Email       Email	Address Email				
Daytime phone					
Relationship to you	Relationship to you				
tify that I am over the age of 18 years. My signature authorizes Th	true, accurate, and complete to the best of my knowledge. I further cer- ne Urbana Free Library to verify any of the information on this applica- epted as a volunteer at The Urbana Free Library, I agree to abide by the no monetary compensation for this role.				
Signature	Date				
Volunteers between the ages of 14 years and 18 years are required to have their parent(s) or guardian(s) read and agree to the following prior to their initial onboarding interview: I,, the parent or legal guardian of the minor named on this form, consent to their participation in the volunteer activities organized by The Urbana Free Library. I understand that, should they be accepted into a volunteer position, they will be provided with the training and support necessary for the safe and responsible performance of the volunteer duties and will be expected to meet all requirements of the position, including compliance with Library policies and procedures. I understand that my child will receive no monetary compensation for this role.					
Signature	Date				