



Volunteer APPLICATION

HAYNER PUBLIC LIBRARY
DISTRICT
401 STATE ST
ALTON, IL 62002
(618) 462-0677

GENERAL/ PERSONAL INFORMATION	NAME:		BIRTHDAY:	
	MAILING ADDRESS:			
	CITY/STATE/ZIP:		PHONE:	
	PHONE 2:	EMAIL:		
	GENDER (M/F):	EMERGENCY CONTACT NAME/PHONE:		

AREAS OF INTEREST	<input type="checkbox"/> Adopt-A-Shelf	<input type="checkbox"/> Community Service	<input type="checkbox"/> DVD Examiner
	<input type="checkbox"/> Acquisition Assistant	<input type="checkbox"/> Book Delivery	<input type="checkbox"/> Delivery Services Assistant
	<input type="checkbox"/> Book Detective	<input type="checkbox"/> Door Greeter	<input type="checkbox"/> Page Assistant
	<input type="checkbox"/> Book Reviewer	<input type="checkbox"/> Scrap Booker	<input type="checkbox"/> Summer Reading
	<input type="checkbox"/> Other		

Are you required to perform service hours for another agency or organization? If so, please name the agency and the number of hours required.

What days are you available to volunteer? Please check all that apply:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time of day to you prefer? Morning Afternoon Evening

Number of hours per week you are available to volunteer: _____

Do you have any physical restrictions that would impede your work? _____ If Yes, please list them _____

To best meet your needs, please describe any particular goals or expectations that you have regarding volunteering for HPLD:

WORK EXPERIENCE

Please list your work experience here. Please list two of your most current employers, or your most current employer and one past job that relates to library work. Please mark Y/N if you are retired. _____

Employer	Occupation	Position/Title
Employer Address		City/State
		Phone

Employer	Occupation	Position/Title
Employer Address		City/State
		Phone

Have you volunteered at HPLD in the past? _____ If yes, what are the dates. _____

EDUCATION/SKILLS

- | | | | |
|---|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> High School (Year _____) | <input type="checkbox"/> Internet Navigation | <input type="checkbox"/> Access | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> College (Year _____) | <input type="checkbox"/> Publisher | <input type="checkbox"/> HTML | <input type="checkbox"/> Excel |
| <input type="checkbox"/> Graduate School (Year _____) | <input type="checkbox"/> Word | <input type="checkbox"/> PowerPoint | |

Please list any other skills/qualifications you have that you think you could use in a volunteer position for HPLD.

REFERENCES

NAME:	RELATIONSHIP:
PHONE:	EMAIL:

NAME:	RELATIONSHIP:
PHONE:	EMAIL:

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and complete this form in the space provided below. Your written authorization is necessary for completion of the application process.)

DRIVER LICENSE NUMER:		
EXPIRATION DATE:	STATE ISSUED:	SSN:

I, _____, hereby authorize The Hayner Public Library District to investigate my background and qualifications for purposes of evaluating whether I am qualified for the duties for which I am volunteering. I understand that The Hayner Public Library District will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for volunteering will not be processed further.

Signature of Applicant

Date

Applicant's Name - Printed

(If applicant is under the age of 18 years, please fill out the following.)

Signature of Parent/Guardian

Date

Name of Parent/Guardian – Printed

Please Note:

All applications are reviewed and interviews scheduled when appropriate. Appointments are determined by volunteer interests and the needs of HPLD. Upon assignment, you will receive applicable training.

VOLUNTEERS 18 YEARS OF AGE AND OLDER:

By my signature below, I verify that I understand the rights, responsibilities and privileges of participation in the volunteer program. I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer Signature: _____ **Date:** _____

VOLUNTEERS 12 THROUGH 17 YEARS OF AGE:

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the volunteer program.

Parent Signature: _____ **Date:** _____

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Applicant Signature: _____ **Date:** _____



(For Library Use Only)			
Interview Date:	Interviewer:	Orientation:	Training:
Supervisor/Division:			
Assigned Task:			
Assigned Day and Time:			
Start Date:			