



302 W. Mason St., Polo, Illinois 61064

815-946-2713 Fax: 815-946-4127

Email: library@pololibrary.org

www.pololibrary.org

Volunteer Application

Personal Information

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Emergency Contact

Name: _____ Phone: _____

Employment /or former employment/or School

Employer: _____ Phone: _____

Address: _____ City: _____

Job title: _____ Supervisor: _____

Skills & Interests

What is your highest level of education completed? _____

Please list any hobbies, interests and skills that you would like to use in your volunteer work. _____

Do you speak any foreign languages? Please list here. _____

Additional Information

Why do you want to volunteer at the library? _____

How many hours per week do you anticipate volunteering? _____

Would you be interested in a short term volunteer project? _____

Will you require any special accommodations as a volunteer? Please explain. _____

Have you ever been convicted of a crime (misdemeanor or felony)? Please explain. _____

