



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. _____

Availability

Please check the days and hours that you are able to volunteer.

- Monday Time: _____
- Tuesday Time: _____
- Wednesday Time: _____
- Thursday Time: _____
- Friday Time: _____
- Saturday Time: _____

ON CALL Library will call for occasional volunteer tasks, or you may call the library.

Volunteer Agreement

I certify that the above information is correct and complete to the best of my knowledge, without consequential omission of any kind. I

acknowledge that by completing this application, PPLD is not obligated to offer me a volunteer position. I understand that for some volunteer positions PPLD may conduct a background check. If offered a volunteer position, I agree to volunteer on a schedule (due to

working space limitations) and record the date and time spent working. I agree not to divulge to unauthorized persons any confidential

information obtained from observation, conversation, correspondence, personal records or any other source. This includes information

about both the staff and people served by the library. I will not publish, orally disclose or otherwise make public any confidential information, except as I am legally required. I agree to conduct myself with professionalism at all times during my volunteer hours.

I certify that I am: ___ 18 years of age or older

___ less than 18 years old

Signature: _____ Date: _____

Please check here if a letter of volunteer service/number of hours is needed for school/church/or scouting purposes.

Volunteer Permission Your parent or guardian must complete this section if you are under 18 years of age.

I grant permission to my son/daughter _____ to serve as a volunteer at PPLD.

Name of parent/guardian: _____ Date: _____

Signature of
parent/guardian: _____

For Office Use

Interview (date: _____) Program placement: _____

Volunteer/PPLD agreement Supervisor: _____

Background check (date: _____) Management: _____

(attach search results)

Orientation Schedule: _____