



3609 Grand Boulevard / Brookfield, IL 60513
 Phone: 708-485-6917 / Fax: 708-485-5172

Volunteer Application

(Please Print Clearly)

We appreciate your interest in the Library. Thank you for taking the time to complete this application.

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Today's date	Birth month/Day/year
Current Street Address			Home Phone	
City	State	Zip Code	Work Phone	
E-Mail Address:	Do you check e-mail daily? Yes No		The best time to contact you: Days Evenings	
Have you ever been convicted of a felony? Yes No Note: Do not declare any sealed or expunged convictions. A conviction will not necessarily bar participation in our volunteer program but will be considered within the context of the entire application.			If yes, please explain:	
How did you hear about our volunteer program? (please circle) Friend Web Page Walk-in Family Other(please explain):			Position I am interested in:	

EMPLOYMENT

Job Title	Employer
Address	City State Zip

EDUCATIONAL DATA

School	Name & Location for each listing	No. of Years Completed	Major/Degree
High School			
College			
Graduate School			
Trade, Business or Correspondence			

VOLUNTEER EXPERIENCE

List previous volunteer experiences:

Briefly state why you would like to volunteer here.				
Areas of volunteer interest (check all that apply):				
Office: <input type="checkbox"/> computer work <input type="checkbox"/> general office <input type="checkbox"/> mailings	Behind the Scenes: <input type="checkbox"/> book processing <input type="checkbox"/> shelving <input type="checkbox"/> organization of materials	Patron Service: <input type="checkbox"/> YA programs <input type="checkbox"/> Youth programs <input type="checkbox"/> Adult programs <input type="checkbox"/> Circulation Desk <input type="checkbox"/> Program facilitator (please describe the type of program you could run: _____)	Art, Design & IT <input type="checkbox"/> graphic design <input type="checkbox"/> web design <input type="checkbox"/> IT development <input type="checkbox"/> other (please describe)	Other: <input type="checkbox"/> flyer & newsletter distribution <input type="checkbox"/> displays <input type="checkbox"/> special events <input type="checkbox"/> host(ess)/greeter <input type="checkbox"/> homebound delivery

Note: Orientation & training is required for all volunteers.

SPECIAL SKILLS/CERTIFICATIONS

List any special skills or certifications you possess that would be an asset to the Library.
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AVAILABILITY

Weekdays (please circle all apply):	Monday AM PM	Tuesday AM PM	Wednesday AM PM
	Thursday AM PM	Friday AM PM	
Weekends:	Saturday AM PM		

EMERGENCY CONTACT INFORMATION

Contact Name	Relationship
Day Phone	Evening Phone

ADULT VOLUNTEER APPLICANT'S STATEMENT

<p>I understand that I am applying to be an unpaid volunteer for the Brookfield Public Library and that this application is not an application for employment. I understand that nothing in this application is intended to imply or create an employment relationship or a contract for employment.</p> <p>If I am accepted into the Brookfield Public Library's volunteer program, I agree that I will abide by the requirements of the program, policies and procedures of the Library and commit to volunteer regularly for a minimum of six months.</p> <p>Signature: _____ Date: _____</p>
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REFERENCES

Please list three people, other than immediate family members whom we may contact for personal references. Please list people that have known you for a minimum of one year so they can provide a good, detailed character reference. At least one of the people should be a work associate (past or present), professional person or school reference. All references will be contacted by either phone or mail so please be certain to include exact address and phone information. Your application will not be processed without complete reference information. Please print clearly.

1. Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Daytime Phone: _____ Relationship to you: _____
2. Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Daytime Phone: _____ Relationship to you: _____
3. Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Daytime Phone: _____ Relationship to you: _____