

**Midlothian Public Library
Adult Volunteer Application**

Name _____ Date of Application _____

Address _____

City _____ Zip Code _____

Home Phone _____ Alternate Phone _____

IL Driver's License No. _____

Birth date (mm/dd/yyyy) _____

Reason for Volunteering _____

If court-ordered, reason? _____

If Court ordered, number of hours: _____ Date to complete? _____

Availability-Day and Time

Monday _____ Thursday _____

Tuesday _____ Friday _____

Wednesday _____

Work Experience *(include volunteer and military service)*

1. Last or Present Position

Employer _____

City/State _____

Phone _____

2. Previous Position

Employer _____

City/State _____

Phone _____

Continued on back

Education (check highest level)

Elementary High School Technical School Some College

College Degree or Professional training in _____

Personal References

(Please give references, preferably from the local community, who are not your present employer or relative)

| Name | Daytime Phone # | Relationship |
|----------|-----------------|--------------|
| 1. _____ | | |
| 2. _____ | | |

Emergency Contact Information

Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Alternate Phone _____

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application and verification of the references found on this application. **I am aware that a background check may be required before placement at the library.** I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any services I provide.

Signature _____

Date _____

Office Use Only:

Start Date: _____ Regular Hours: _____

Completion Date: _____ Letter Given: _____ (initial)