

**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)