

# Application for Volunteer Position

Ela Area Public Library  
275 Mohawk Trail  
Lake Zurich, IL 60047  
847/438-3433 [www.eapl.org](http://www.eapl.org)

**Directions:** Answer each question below accurately. Please print or type.

VolunteerWorks Number \_\_\_\_\_

## Volunteer Application Information

Application Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_ (day)

Street Address \_\_\_\_\_ Apt/Unit# \_\_\_\_\_ (evening)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

May we contact you at your email address? (circle one) No Yes Date of birth \_\_\_\_\_ month \_\_\_\_\_ day

My email address is \_\_\_\_\_

Date to start volunteer work \_\_\_\_\_

Are you interested in one-time/short-term volunteer assignments? (circle one) Yes No

Are you interested in on-going/long-term volunteer assignments? (circle one) Yes No

Days/Hours Available to volunteer (circle day(s)) *Monday Tuesday Wednesday Thursday*

*Friday Saturday Sunday* Total hours per week is \_\_\_\_\_ OR \_\_\_\_\_ per month

Are you age 18 or older? (circle one) Yes No If no, please list date of birth \_\_\_\_\_

## Emergency Information

Who should we contact in case of an emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

Do you have any serious illnesses or allergies we should know about: \_\_\_\_\_

## Volunteer Preferences (circle all that apply):

Clerical Computer Mending books Shelf reading/Shelving books Working with children

Working with teens Book processing Bringing books to homebound patrons

Weeding materials Working with older adults Other

(over)

**Employment and Volunteer History**

Your experience is an important factor in evaluating your qualifications. Please list present or most recent experiences first, including the name of your supervisor.

Name of Business or Organization \_\_\_\_\_

Address of Business or Organization \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Responsibilities \_\_\_\_\_

Worked with them from \_\_\_\_\_ to \_\_\_\_\_ Was this paid employment? (circle one) Yes No

Name of Business or Organization \_\_\_\_\_

Address of Business or Organization \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Responsibilities \_\_\_\_\_

Worked with them from \_\_\_\_\_ to \_\_\_\_\_ Was this paid employment? (circle one) Yes No

**Additional Skills**

Please list any additional skills: speak a foreign language, can translate a foreign language, public speaking experience, completed computer training, etc.

**References**

Please list two people (not relatives) for references for the volunteer position for which you are applying:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

I certify that all statements made in this application are true and complete. I understand that any false answers or misleading statements as well as misrepresentation by omission made by me as part of my application will be sufficient for rejection of my application. I acknowledge that I have read, understand, and agree to the preceding statement.

Signature of Volunteer Applicant \_\_\_\_\_ Date \_\_\_\_\_