

# Youth Services Volunteer Application

Lisle Library District, Youth Services Department 777 Front Street, Lisle, IL 60532

Phone: (630) 971-1675 Email: andersont@lislelibrary.org



<b>Volunteer Name</b>	First _____		Last _____	
<b>Phone Number</b>	Home: (____)____-____		Cell: (____)____-____	
<b>Emergency Contact</b>	First, Last Name _____		Relation to Volunteer _____	Phone Number _____
<b>Email</b>	_____	<b>School</b>	_____	
<b>Age and Grade</b>	Birthdate: _____		Grade: _____	

Why do you want to volunteer at the library?

What type of volunteer responsibilities would you prefer? (Choose all that apply)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Putting Books in Order     | <input type="checkbox"/> Copying and Folding             | <input type="checkbox"/> Cleaning DVDs and CDs             | <input type="checkbox"/> Finding Books from a list |
| <input type="checkbox"/> Helping with Kids Programs | <input type="checkbox"/> Creating Videos for the Library | <input type="checkbox"/> Teen Advisory Board               | <input type="checkbox"/> Cleaning shelves          |
| <input type="checkbox"/> Tutoring                   | <input type="checkbox"/> Posting on the Teen Blog        | <input type="checkbox"/> Creating Book Displays            | <input type="checkbox"/> Leading Peer Programs     |
| <input type="checkbox"/> Cutting Paper              | <input type="checkbox"/> Assist Staff Members            | <input type="checkbox"/> Walk in a Parade with the library | <input type="checkbox"/> Summer Reading Volunteer  |

**Time Commitment**

How many Volunteer Hours do you want/need? \_\_\_\_\_

How often do you want to come in? ☐ Scheduled Weekly ☐ Scheduled Monthly ☐ Summer Only ☐ School Year Only

Can we contact you for last minute volunteer needs in areas of your interest? \_\_\_\_\_

When are you able to volunteer at the library?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							XXX
Afternoon							
Evening						XXX	XXX

What skills or interests do you have? (Check all that apply)

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Good with People | <input type="checkbox"/> Alphabetizing      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gaming Skills   | <input type="checkbox"/> Science          | <input type="checkbox"/> Multiple Languages | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Art             | <input type="checkbox"/> Math             | <input type="checkbox"/> History            | <input type="checkbox"/> Other: _____ |

How did you hear about the library's volunteer opportunities?

What previous volunteer experience do you have?

## Guidelines for Volunteers

### What you can expect from us:

- **A positive experience:** Youth Services depends on volunteers to help provide quality service to our library users. We offer training based on your position and want you to feel comfortable while performing your duties.
- **Supervision:** The volunteer coordinator provides training, oversees your work, sets schedules, and answers questions.
- **Support:** Should difficulties arise, please ask for assistance from your supervisor, or contact the Youth Services "Help Desk"
- **Reference Letter:** Our volunteer coordinator is pleased to provide volunteers with reference letters upon request, after they have completed their commitment. **One week notice is required for a letter to be issued.**

### What we expect from you:

- **Dependability:** Please arrive on time. If you must miss, please contact the coordinator as soon as possible at 630/971-1675
- **Professional Work Habits:** When you arrive, please sign-in and tell staff you are a volunteer and where you will be working. Do the work you are assigned. If you have questions, ask for help.
- **Compliance:** You must comply with all library policies, procedures, and codes of conduct.
- **Dress Code:** Dress comfortably. Personal cleanliness and neatness is required of all volunteers and no offensive pictures or messages can be worn on clothing.
- **Confidentiality:** Volunteers are to keep all personal information acquired while volunteering at the library confidential. A person's library record and information needs are private and confidential.
- **Computer Usage:** At no time may any volunteer use the computer, internet, email, or phone in ways that are disruptive or offensive to others.
- **Resignation:** We understand that it may become necessary for a volunteer to leave a position at the library. Please provide the coordinator with the notice or resignation as soon as possible.

## Parental Consent

Parent or guardian permission is required.

I certify that the information provided on this application is true to the best of my knowledge. By signing your name below you are stating, as the applicant and the applicant's parent or guardian, that you give your consent for the applicant to participate in the volunteer program at the Youth Services Department of Lisle Library District.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_