



# Youth Services Volunteer Application

Lisle Library District, Youth Services Department  
 777 Front Street, Lisle, IL 60532 - Phone: (630) 971-1675 Email: savagew@lislelibrary.org

Volunteer Name	First	Last	
Phone Number	Home: ( ) -	Cell: ( ) -	
Emergency Contact	First, Last Name	Relation to Volunteer	Phone Number
Email		School	
Age and Grade	Age:	Grade:	

Why do you want to volunteer at the Library?

What type of volunteer responsibilities interest you? (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"/> Leading peer programs
<input type="checkbox"/> Helping with kids programs	<input type="checkbox"/> Creating videos for the Library	<input type="checkbox"/> Finding books from a list	<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"/> Teen Advisory Board/TAB*
<input type="checkbox"/> Cutting paper	<input type="checkbox"/> Assist staff	<input type="checkbox"/> Summer Read help	

\*TAB application required

Time Commitment

How many volunteer hours do you want/need? \_\_\_\_\_

How often do you want to volunteer?  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 9:30am—11am							XXX
Afternoon 11am—5pm							
Evening 5pm—9pm						XXX	XXX

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

<input type="checkbox"/> Computer	<input type="checkbox"/> Good with People	<input type="checkbox"/> Alphabetizing	<input type="checkbox"/> Other:
<input type="checkbox"/> Gaming	<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 relies on volunteers to help provide quality service to our Library users. We offer training and want you to feel comfortable while performing your duties.
- **Supervision:** The Volunteer Coordinator provides training, oversees your work, sets schedules, tracks your time and answers questions.
- **Support:** Should difficulties arise, please ask for assistance from the Coordinator, or contact someone at the Youth Services desk.
- **Reference Letter:** Our Volunteer Coordinator is pleased to provide volunteers with a reference letter 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 obscene pictures or messages can be worn on clothing. **Wear your volunteer badge when on Library premises.**
- **Confidentiality:** Volunteers are to keep all personal information acquired while volunteering at the Library confidential. A person's Library records and all information needs are private and confidential.
- **Computer/Equipment Usage:** At no time may any volunteer use the computer, internet, email, or phone in ways that are disruptive or abusive.
- **Leave:** We understand that it may become necessary for a volunteer to end their time with us. Please provide the Coordinator with notice as soon as possible.

### Applicant Signature & Parental Consent

I certify that the information provided on this application is true to the best of my knowledge.

Parents: By signing your name below you are stating, as the applicant's parent or guardian, that you give your consent for the applicant to participate in the volunteer program in the Youth Services Department at The Lisle Library District.

Applicant (Please print): \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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