



North Chicago Public Library

2100 Argonne Drive North Chicago, IL 60064
Telephone: (847) 689-0125 Fax: (847) 689-9117

Website: www.ncplibrary.org

Volunteer Application

I. Personal information

Date: _____	Library Card #: _____
Name: _____	
Street Address: _____	
City: _____	Postal Code: _____
Telephone number: _____	
E-Mail Address: _____	

II. Educational Background

High School: _____
Years Attended: _____
Graduated? Yes No
College/Trade School: _____
Major: _____
Graduated? Yes No
Highest Level of Education Completed
Primary Secondary Undergraduate Post-Graduate Masters

III. Volunteer Experience

Do you have volunteer experience? Yes No

If so, please list your previous experience:

Do you currently volunteer anywhere? Yes No

If so, where? _____

Have you volunteered at North Chicago Public Library before? Yes No

If so, give a brief description of duties:

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

Please note any skills, abilities, or areas of interest from the list below:

Previous library experience	Knowledge of A/V equipment
Data processing/entry	Storytelling
Typing/Word processing	Arts & Crafts
Bi/Multi-lingual	Previous work with historic materials

Any other special interest, skills or hobbies?

Volunteering at NCPL can include long periods of standing, kneeling, or bending, as well as lifting up to 50 lbs. in some cases; do you have any physical limitations that we should be made aware of?

IV. Availability

I AM AVAILABLE TO VOLUNTEER FOR A REGULAR COMMITMENT OF AT LEAST 4 HOURS PER WEEK (PLEASE CHECK ALL TIMES THAT YOU ARE AVAILABLE)						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (9am – 1pm)						
Afternoon (1pm – 5 pm)						
Evening (5pm – 8 pm)					Library Closes at 5 pm	Library Closes at 5 pm

V. Emergency Contact Information

Name: _____ Relationship: _____

Telephone: _____

Name: _____ Relationship: _____

Telephone: _____

Do you have insurance coverage? Yes No

If, so with whom?

VI. Liability and Confidentiality Waiver

I, _____, understand that in my capacity as a North Chicago Public Library volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

Printed Name: _____ Date: _____

Signature _____

FOR VOLUNTEER OFFICE USE ONLY:

- Schedule/ Punctuality
- Supervisor Contact Information
- Statement of Policies
- Volunteer Guidelines
- Policy Acknowledgment Form

Data Entered	Category	Start Date
Inactive Date	Resignation Date	Reason for Resignation
Release Date		Reason for Release