

Orland Park Public Library Adult Volunteer Application

Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Alternate Phone _____

IL Driver's License No. _____

Birth date (mm/dd/yyyy) _____

Reason for Volunteering _____

Availability

Sunday _____ Thursday _____

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____

Work Experience *(include volunteer and military service)*

1. Last or Present Position

Employer _____

City/State _____

Phone _____

2. Previous Position

Employer _____

City/State _____

Phone _____

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 will 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 _____

All applications go to the Assistant Library Director