



Peotone Public Library District Volunteer Application

Name	
Address	
Home Phone	
Cell Phone	
Email	
Age	<input type="checkbox"/> Minor (under age 18, Age: ____) <input type="checkbox"/> Adult (18+)

Why do you want to volunteer at the library?

Are you volunteering to fulfill a requirement?

School / Church Court ordered community service Other _____

Number of required hours and deadline for completion: _____

Time Commitment/Frequency

Temporary (less than 6 months)
 Regular weekly schedule
 Sporadically/ Events only

Hours per Week

1-2 hours per week
 3-4 hours per week
 more _____

Availability

Day	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Previous volunteer experience



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Special Skills or Qualifications

Summarize skills and qualifications you have acquired from employment, volunteer work, school, or other activities including hobbies. Please include computer and language skills.

References (please provide two)

Name	
Address	
Phone	
Relationship to you	
Name	
Address	
Phone	
Relationship to you	

I certify that the information provided on this application is true to the best of my knowledge. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I agree to indemnify, hold harmless, and release the Peotone Public Library District, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting in his/her participation as a volunteer.

Signature: _____ Date: _____

If under 18, a parent/guardian must also sign.

I give my permission for my child to volunteer at the Peotone Public Library. I acknowledge that any photograph or video taken of my child/ward participating in a volunteer activity may be used for outreach, education, or documentation purposes by the Peotone Public Library.

Signature: _____ Date: _____

Please return to: Peotone Public Library 515 N. First Street Peotone, IL 60468