



PLEASE PRINT

Full Name: _____ Preferred Name/Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ Birth Date: ____/____/____

AVAILABILITY

Volunteers are needed Monday through Saturday and limited hours on Sunday. Please check the day(s) and time(s) you are available. If a shorter shift is required please make a note on the calendar, we will try to accommodate your request.

Table with 8 columns (Monday-Sunday) and 5 rows (9am-Noon, Noon-3pm, 3pm-6pm, 6pm-9pm). Shows availability status for each time slot.

Dates you are not available: _____

Branch Preference

The St. Charles City-County Library District has several branches. Please indicate which branch you would prefer: 1st request _____ 2nd request _____ 3rd request _____

- List of library branches: KL - KATHRYN LINNEMANN BRANCH, MY - MCCLAY ROAD BRANCH, DR - DEER RUN BRANCH, PS - PORTAGE DES SIOUX BRANCH, MK - MIDDENDORF KREDELL BRANCH, KR - KISKER ROAD BRANCH, WH - WINGHAVEN BRANCH, AG - AUGUSTA BRANCH, SP - SPENCER ROAD BRANCH, CP - CORPORATE PARKWAY BRANCH, DE - DISCOVERY VILLAGE BRANCH, BT - BOONE'S TRAIL BRANCH

COMMUNITY SERVICE

I am fulfilling community service requirements for: SCHOOL SCOUTS CHURCH _____

Total hours needed to fulfill requirement: _____ Hours should be completed by: ____/____/____

Please attach the requirements for your community service.

Have you volunteered at the library before? ___Yes ___No. Dates: _____

AGREEMENT AND SIGNATURE

I read the volunteer agreement and will follow the expectations of the program. I certify that the information on my application is true and complete

Applicant Signature: _____ Date: ____/____/____

My child has my permission to participate in the Summer Reading Program as a volunteer. I have read the volunteer agreement and acknowledge the importance of being reliable and a positive representative of the Library.

Parent/Guardian Signature: _____ Date: ____/____/____
(Required)

OFFICE USE ONLY

HR Office

DATE APP REC'D: _____
SENT TO VC: _____
BACKGROUND CHECK CLEARED: _____

Summer Reading Program

BRANCH: _____
SUPERVISOR: _____
START DATE: _____