



# Application Adult Library Volunteer

**Please Print**

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Volunteer positions require a background check.

Are you willing to do this? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed by the district? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, dates: \_\_\_\_\_

**Availability** – Minimum of 6 hours per month requested

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.

|          | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday  |
|----------|--------|---------|-----------|----------|--------|----------|---------|
| 9am-Noon |        |         |           |          |        |          | Closed  |
| Noon-3pm |        |         |           |          |        |          | 1pm-3pm |
| 3pm-6pm  |        |         |           |          |        |          | 3pm-5pm |
| 6pm-9-pm |        |         |           |          | Closed | Closed   | Closed  |

**Preferred Branch Location**

The St. Charles City-County Library District has twelve branch locations. Please indicate which location you would prefer:

1st request \_\_\_\_\_ 2nd request \_\_\_\_\_ 3rd request \_\_\_\_\_

KL – KATHRYN LINNEMANN BRANCH  
MK – MIDDENDORF KREDELL BRANCH  
SP – SPENCER ROAD BRANCH  
MY – MCCLAY ROAD BRANCH

KR – KISKER ROAD BRANCH  
DR – DEER RUN BRANCH  
WH- WINGHAVEN BRANCH  
DE – DISCOVERY VILLAGE BRANCH

BT – BOONE’S TRAIL BRANCH  
PS – PORTAGE DES SIOUX BRANCH  
AG – AUGUSTA BRANCH  
CP – CORPORATE PARKWAY BRANCH

I am fulfilling community service requirements for:  SCHOOL  SCOUTS  CHURCH \_\_\_\_\_

Total hours needed to fulfill requirement: \_\_\_\_\_ Date hours must be completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please attach the requirements for your community service.

**Library Programs**

The St. Charles City-County Library District has a variety of volunteer opportunities for a wide range of skills and abilities. Some of the positions and tasks that may be assigned to volunteers are listed below. **Please check any area you are interested in assisting:**

**General Library Volunteer**

- Organizing magazines and periodicals
- Straightening, organizing and cleaning within the library
- Materials preparation (cutting, stamping, etc)
- Preparing mailings
- Create library displays

- Assist in planning and/or working at special events
- Summer Reading program registrations
- Technology Lab Assistant
- Technology Class/Computer Lab Instructor – OASIS
- Author or Special Event Volunteer
- In-Library Book Discussion Leader

**Library to You – Homebound Services** - Personal visits to the customer home for material delivery

**Library to You - Book Discussion Leader** at senior living centers

**Lunch @ the Library Volunteer** (summer)

**Library Foundation / Friends of the Library**

- Book Fair Volunteer
- Book sorting during the year
- Foundation events

Please check any of the skills, abilities or interests below that are applicable to you:

- Previous library work (Location: \_\_\_\_\_ )
- Foreign language skills (List languages: \_\_\_\_\_ )
- Special events (type of event/responsibilities: \_\_\_\_\_ )
- Art skills, other: \_\_\_\_\_ )
- Experience leading book discussions
- Data processing/computer work

**Agreement and Signature**

I hereby certify that the information on the above application is true and complete. My signature authorizes the St. Charles City-County Library District to verify any of the information on this application and to complete a criminal background check. I understand that information contained on my application will be verified and that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required if under 18)

**Office Use Only**

HR Office \_\_\_\_\_  
 Date app recorded: \_\_\_\_\_  
 Sent to VC: \_\_\_\_\_  
 Background Check Cleared: \_\_\_\_\_

**Branch/Program Use**

Volunteer Location: \_\_\_\_\_  
 Opportunity Match (Y/N): \_\_\_\_\_  
 Start Date: \_\_\_\_\_



St. Charles City-County  
**Library**