



Application Youth Library Volunteer

Please Print

Full Name: _____ Preferred Name: _____

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

Home Phone: _____ Cell Phone: _____

E-mail: _____ Birth Date: _____

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

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.

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

Volunteer 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.

Interests

The St. Charles City-County Library District has a variety of volunteer opportunities for a wide range of skills and abilities. Some of the tasks that may be assigned to volunteers are listed below. Please check 3 areas in which you may be interested in assisting:

- Organizing magazines and periodicals
- Application/removal of labels on CDs, DVDs and books
- Cleaning DVDs, CDs and books
- Straightening, organizing and cleaning within the library
- Materials preparation (cutting, stamping, etc)
- Assist in planning and/or working at special youth events
- Locating misplaced titles on shelves
- Preparing mailings
- Create library displays
- Summer Reading program registrations
- Teen Advisory Board (TAB)
- Friends of the Library Book Fair (seasonal)

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

- Special events (type of event/responsibilities): _____
- Art skills, etc.: _____
- Computer Skills: _____
- Other: _____

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)

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: _____

