



Please fill out this VOLUNTEER APPLICATION form and return to:

Effingham Public Library , 200 N. 3rd St. Effingham, IL 62401 Attention: Margo Probst, Circulation Manager

Date: _____

Name: _____

Home Address: _____

Email Address: _____

Phone Number: _____ Cell: _____

Emergency contact: _____ Phone: _____

Highest level of education completed: _____

Previous volunteer experience: _____

Skills, abilities, and interests: _____

Physical limitations: _____

Personal Reference: _____ Phone: _____

Days of the week you prefer to volunteer: _____

Time of Day: _____

This is for required community service hours: y n

If **yes**: **Number of hours** needed _____

Date hours must be completed _____

I have read through the Volunteer and Library Policy and agree to abide by these policies if I am accepted as a Helen Matthes Library volunteer.

Signature _____

Signature of guardian/parent (volunteer under 18) _____

Culture ◀▶ Resources ▶▶ Technology

Effingham Public Library * 200 N. Third St. * Effingham, Illinois 62401

Margo Probst, Circulation Manager * margo@effinghamlibrary.org

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