



Please fill out this VOLUNTEER APPLICATION form and return to:

Effingham Public Library , 200 N. 3<sup>rd</sup> 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 an Effingham Public 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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