



Please fill out this VOLUNTEER APPLICATION form and return to:

Effingham Public Library, 200 N. Third St., Effingham, IL 62401 Attention: Peggy Heal, Operations Coordinator

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) _____

Connection ◀▶ Service

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

P: 217.342.2464 * F: 217.342.2413 * W: www.effinghamlibrary.org