



# Volunteer Application

## Shorewood-Troy Public Library

650 W Deerwood Drive  
Shorewood, IL 60404  
815-725-1715  
shorewoodtroylibrary.org

### Contact Information

(All volunteers are required to successfully complete a background check prior to being allowed to volunteer)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

### Availability

What date are you available to start volunteer service? \_\_\_\_\_

How many hours per week can you volunteer? \_\_\_\_\_

During which hours are you available to volunteer:

Monday	__ 10:00am-12:00pm	__ 12:00-1:00pm	__ 1:00-3:00pm	__ 3:00-5:00pm
Tuesday	__ 10:00am-12:00pm	__ 12:00-1:00pm	__ 1:00-3:00pm	__ 3:00-5:00pm __ 5:00-7:00pm
Wednesday	__ 10:00am-12:00pm	__ 12:00-1:00pm	__ 1:00-3:00pm	__ 3:00-5:00pm
Thursday	__ 10:00am-12:00pm	__ 12:00-1:00pm	__ 1:00-3:00pm	__ 3:00-5:00pm __ 5:00-7:00pm
Friday	__ 10:00am-12:00pm	__ 12:00-1:00pm	__ 1:00-3:00pm	__ 3:00-5:00pm
Saturday	__ 10:00am-12:00pm	__ 12:00-1:00pm	__ 1:00-3:00pm	__ 3:00-5:00pm
Sunday	__ 2:00-4:00pm			

## Skills and Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, hobbies, or sports.

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## Volunteer Experience

Summarize your previous volunteer experience.

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Are you limited in any activities due to health issues? If so, please explain.

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Tell us why you want to volunteer at the Shorewood-Troy Public Library:

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Please check all that apply, I would like to volunteer to assist:

- Sorting materials
- Groundskeeping
- Clerical assistance
- Summer Reading Program
- Special projects/events
- Wherever I am most needed

## Person to Notify in Case of Emergency

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

Please return application to:  
Shorewood-Troy Public Library  
Reference Department  
650 Deerwood Dr.  
Shorewood, IL 60404

For questions please contact:  
Becky Wagoner  
Volunteer Coordinator  
815-725-1715  
[bwagoner@shorewoodtroylibrary.org](mailto:bwagoner@shorewoodtroylibrary.org)