Black Creek Village Library Volunteer Application

Personal Information					
Name					
Address	Phone				
City	State		Zip Code		
Date of Birth	Email address				
If applicable, please list your addre	esses for the last fiv	ve years:			
Address					
			Zip Code		
Address					
			Zip Code		
Please list any previous names you	u may have used: _				
Interests & Skills					
I am interested in the following volunteer opportunities at the Black Creek Village Library (check all that apply):					
Program Assistance		Summe	r Library Programs		
Other (please describe)					
Is this a service project for a schoo	ol or group?	Yes	_ No		
If yes, which organization are you	working with?				
Is this court ordered community se	ervice?	Yes	_ No		
If yes, how many hours do you nee	ed?	By w	hat date?		
Case Manager's Name		Phone r	number		
Email address					

Availability: I am available the following days/times (please write times in each applicable box):

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Number of hours per week I would like to volunteer: _____

References: Please list references – personal references not related to you (employer, teacher, or other volunteer experience) that you give us permission to contact:

Name	Relationship
Email address	Phone number
Name	Relationship
Email address	Phone number
Emergency Contact	
Name	Relationship
Phone number	

OFFICE USE ONLY

Background check run: ______ Date: _____ By: _____

Black Creek Village Library Volunteer Waiver

I, ______ request to participate as a volunteer for the Black Creek Village Library.

I currently have no known physical condition that would impair my ability to engage in physical activities appropriate for volunteering. I recognize that there is an element of risk of physical injury to me if I participate in this activity and I agree that I am participating at my own risk and voluntarily accept all risk and repercussions of said risks.

I agree to participate as a volunteer according to the rules and instructions of the Black Creek Village Library and wear appropriate attire.

I further understand I will not be paid for my services as a volunteer. I also understand that the Black Creek Village Library is a smoke-free, drug-free and alcohol-free environment and I will not participate if under the influence of alcohol or illegal drugs.

I am aware that a simple background check/history will be run from the information I have provided on the front of this form.

I understand that all library users have a legal right to privacy. Any and all information pertaining to anyone's use of the Black Creek Village Library will be held as strictly confidential.

I have read the Volunteer Policy in its entirety and understand its content. I certify that all information provided is complete and accurate.

Signature	Date
lf under 10.	
If under 18:	
Parent/Guardian's Signature	_ Date