

**NEW LENOX PUBLIC LIBRARY DISTRICT
ADULT VOLUNTEER APPLICATION**
(NO COURT ORDERED APPLICATIONS ACCEPTED)

Date _____

Name _____ Highest Level of Education Completed _____

Cell Phone _____

Home Phone _____

Email _____

Address _____

Please list any skills and abilities that you have (e.g. typing, computer skills, art, book repair, previous library work, etc.)

Length of commitment you can offer the library:

_____ 1-3 months

_____ 4-6 months

_____ 7-12 months

_____ Ongoing

Days and Times Available (please check all that apply)

	MON	TUES	WED	THURS	FRI	SAT
MORNING						
AFTERNOON						
EVENING						

DISCLAIMER:

The New Lenox Public Library District recognizes and appreciates the hard work and unique talents the volunteers of the community offer the library throughout the year. All work performed by volunteers is done without compensation and at the risk of the volunteer. The library does not carry insurance which protects the volunteer in the case of accidental injury.

Sign below to acknowledge having read the above disclaimer.

Signed: _____

Date: _____

THANK YOU FOR YOUR INTEREST IN THE NEW LENOX PUBLIC LIBRARY.
A STAFF MEMBER WILL CONTACT YOU ABOUT YOUR APPLICATION WITHIN A WEEK.

FOR STAFF USE ONLY

Received by _____

Date _____

Staff _____

Call Date _____ Start Date _____

Notes _____
