



Chatham Area Public Library Volunteer Application

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Phone # _____ 2nd Contact Ph # _____

E-mail Address _____

Job Experience (Skills) _____

List any volunteer experience or special needs you would like to share with us: _____

The minimum age to be a Library Volunteer is 14 years of age.

Volunteer opportunities are based on our specific needs at the time such as:

- **Cleaning of the Jessica Hay Toddler Area:** This would include cleaning this popular play space. This includes all of the toys, puzzles and games, as well as the Little Library, Peek-a-Book, children’s computers and play tree. *Cleaning of this area may involve bleach or other cleaning products.*
- **Dusting Shelves:** These volunteers will dust the library shelving units. Dusting materials will be provided.
- **Landscape Maintenance:** These volunteers contribute to the beautification of the library’s outdoor space. Volunteers help by weeding, picking up debris, and keeping the walkways and library entrances neat and clean.

Do you have any known allergies to latex or cleaning supplies? Yes _____ No _____ If yes, please explain below.

Have you volunteered here before? Yes _____ No _____ If yes, please explain when _____

Are you required to fulfill a specific number of volunteer hours? Yes _____ No _____ How Many Hours Needed _____

Available Start Date? _____ Volunteer hours needed Weekly _____ Monthly _____

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9-12 PM						
12-4 PM						
4-8 PM						

**Please note: Volunteer opportunities on Saturday are on an as needed basis and may not be available*

*** During the school year, volunteer opportunities are available Tuesday, Wednesday, Thursday and Friday of the week, unless otherwise needed and/or approved.*



Chatham Area Public Library Volunteer Application

Referral - How did you hear about us?

Library User _____ School/Community Service Requirement _____ Friends/Family _____ Other _____

If Other please explain: _____

References

Please list three references that are familiar with your current/previous work, school or volunteer experience. Please do not list family members or friends.

Name _____ Relationship _____

Phone _____ E-mail _____ Years Known _____

Name _____ Relationship _____

Phone _____ E-mail _____ Years Known _____

Name _____ Relationship _____

Phone _____ E-mail _____ Years Known _____

Emergency Contact Information

Person(s) to contact in case of emergency

Name _____ Relationship _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Phone _____ Cell Phone _____



Chatham Area Public Library Volunteer Application

I certify that the information given in the application is true and complete to the best of my knowledge. I agree and understand that if I am accepted into the Chatham Library volunteer program any false statements may result in my dismissal from the program. I understand that submission of this application in no way assures me a volunteer position.

I acknowledge that there is No salary or other compensation for my service as a volunteer.

I understand that the Chatham Library shall not be responsible for the loss or damage of personal property and possessions of the volunteer.

I understand that the Chatham Library is not responsible for injuries incurred by volunteers.

I understand that volunteers must honor the confidentiality of library customers, employees and other volunteers.

I agree to:

- Arrive on time and prepared to perform to the best of my ability.
- Call the Library at 217-483-2713 during normal operating hours if I am unable to volunteer for my scheduled shift.
- Volunteer opportunities will be terminated after 3 incidents of no call/ no show.
- To check in with Library staff when arriving and leaving the building.
- Enter my hours worked in the Library log after each volunteer session.

In consideration of the opportunity to volunteer with the Chatham Area Public Library, I fully and completely release the Chatham Area Public Library, its official, and employees from any and all claims, demands, and liability of every nature and description arising by being allowed to volunteer with the Chatham Area Public Library District. Please note that the Chatham Area Public Library District will contact interested applicants when volunteer opportunities arise.

The Library District shall provide equal opportunities to all volunteers regardless of their race, color, religion, creed, national origin, sex, age, sexual orientation, order of protection status, genetic information, ancestry, marital status, arrest record, military status or unfavorable military discharge, citizenship status, use of lawful products while not at work, physical or mental handicap or disability (if otherwise able to perform the essential functions of the job with reasonable accommodation), and other legally protected categories, including gender identity or expression, pregnancy, and political ideology.

I give permission for any photograph of myself, obtained during volunteer activities, to be used in informational materials for the Chatham Area Public Library District.

Volunteer Print Name _____

Signature _____ Date _____

Parent or Legal Guardian Print Name _____

Parent or Legal Guardian Signature (if under 18) _____

Relationship _____ Date _____