



Adult Volunteer Application

Do you want to give back to your community by volunteering at the Library? Complete this application and return it to any White Oak Library Branch.

Name: _____

Email: _____ Phone: () _____

Address: _____

City / State / ZIP: _____

At which Branch are you interested in volunteering? Crest Hill Lockport Romeoville Any

How many hours per month are you interested in volunteering? _____

Do you need to volunteer because it's court ordered? Y N

What time commitment are you interested in? Regular schedule: Y N Sporadic, as needed: Y N

List your available hours below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What volunteer opportunity/opportunities are you interested in? Check all that apply.

- Friends of the Library:** Join this group and help out at their activities, including maintaining the Book Nook.
- Outreach Memory Kits:** Be trained to lead programs with patrons who have memory problems.
- Library Concierge:** Welcome visitors to the Library and provide direction within the Library.
- Adopt-a-Shelf:** Be trained to monitor a section of the Library to keep items in order, dust, and face shelves.
- Outreach Home Delivery:** Deliver Library materials to home bound patrons' doors.
- ESL Conversation Group Tutor:** Learn how to help people whose second language is English.
- Citizenship Prep Class:** Be trained as a volunteer to assist in these classes that help legal permanent residents prepare for their naturalization interview.
- Maintain the DVD, BluRay, & CD Disc Collection:** Be trained in using our disc cleaning machine.
- Other: Have an idea to share?** _____

Why do you want to volunteer at the Library? (Feel free to use another piece of paper if you need more space)

What special skills or interests do you have? (Feel free to use another piece of paper if you need more space)

List Two References (name, phone, address, & relationship to you):

1) Name: _____

Address: _____

City / State / ZIP: _____ Phone: () _____

2) Name: _____

Address: _____

City / State / ZIP: _____ Phone: () _____

By submitting this application, I certify that the information provided is true, complete, and correct. I understand that I am not guaranteed an interview or assignment to a volunteer position. I understand the Library does not accept court ordered volunteer services. I further understand the Library will conduct a background screening as part of the application process.

Initial here to verify that you are 18 years of age or older _____

Signature: _____ Date: _____

Crest Hill Branch Library
20670 Len Kubinski Drive, Crest Hill
Amy Byrne, Branch Manager
815-552-4278
abyrne@whiteoaklibrary.org

Lockport Branch Library
121 East 8th Street, Lockport
Patricia Jarog, Branch Manager
815-552-4185
pjarog@whiteoaklibrary.org

Romeoville Branch Library
201 Normantown Road, Romeoville
Beverly Krakovec, Branch Manager
815-552-4225
bkrakovec@whiteoaklibrary.org

Staff Use Only Date Received: _____ Interview? Yes No

Notes: _____

