



ROCKFORD PUBLIC LIBRARY

Volunteer Application

Please return this application to:

Kathy Hughes, Administrative Secretary
Main Library, Administrative Office
215 N. Wyman St.
Rockford, IL 61101

Please print legibly in ink.

Date _____

PERSONAL INFORMATION:

Full Name _____ Other Names Used _____

Address _____ City _____

State _____ ZIP _____ Primary Phone _____ Secondary Phone _____

Email Address _____ @ _____ . _____

Are you 18 or older? Yes No (If no, your parent/legal guardian must sign the Parental Consent Waiver at the end)

Are you volunteering as a part of court ordered community service? Yes No

Do you have any physical limitations?

- No
- Yes (Please describe) _____

LIBRARY LOCATION PREFERENCE: (check all that apply)

- Main Library, 215 N Wyman St
- Nordlof Center, 118 N Main St

AREAS OF INTEREST: (check all that apply)

- Serve as usher at Nordlof Center
- Assist at RPL Foundation events
- Assist at programs/special events
- Assist with Community Relations projects
- Assist at Friends of RPL (\$5.00 membership required)

AVAILABILITY: (fill in all days and hours that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PERSONAL REFERENCES: (Please list two non-family personal references)

Name _____ Phone Number _____

Name _____ Phone Number _____

WORK EXPERIENCE:

Last or present position

Employer _____ Position _____ City & State _____

Previous position

Employer _____ Position _____ City & State _____

EDUCATION: (check highest level completed)

- | | | |
|-------------------------------------------|----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Technical School | <input type="checkbox"/> Some College | <input type="checkbox"/> College Degree |

SKILLS:

Computers (check all that apply)

- | | | |
|--------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Word | <input type="checkbox"/> Excel | <input type="checkbox"/> Publisher |
| <input type="checkbox"/> Power Point | <input type="checkbox"/> Internet | <input type="checkbox"/> Mac |
| <input type="checkbox"/> Other | | |

Language: Please identify the language(s) in which you consider yourself fluent.

Other Skills: Please list other skills you have.

CRIMINAL HISTORY INFORMATION:

Some volunteer positions at Rockford Public Library require criminal history information. All volunteers need to complete the following questions. You will be notified if further information is required.

Have you ever been convicted of or plead guilty to a felony? (check one)

- No
- Yes: Please give the date, place, and nature of the charge for which you were convicted. _____

BACKGROUND CHECKS

"I hereby authorize Rockford Public Library to obtain my criminal history record information from the Illinois State Police under the Uniform Conviction Information Act, and to obtain any other information from any other source concerning my criminal convictions."

"I also authorize the Illinois State Police to release my information to Rockford Public Library. Rockford Public Library will provide me a copy of the information. I understand that I have the duty to notify Rockford Public Library within seven (7) working days of receipt if the information is inaccurate or incomplete."

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application, verification of the references, and a background check may be performed. I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any services I provide. I have read Rockford Public Library's policy on volunteers in the Library and understand that I am not covered by worker's compensation if injured in the Library. I am also aware that if I use my own car I am responsible for my own insurance and by signature hereto release Rockford Public Library and the City of Rockford from any liability.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If applicant is under 18 years of age)

PARENTAL CONSENT WAIVER:

If the applicant is under the age of 18, a parent/guardian must sign this section.

I (print) _____, grant permission for
(print name) _____ to volunteer at Rockford Public Library.

Parent/Legal Guardian Signature: _____ Date: _____