

**Volunteer Interest Form**  
Adult Services Department  
North Riverside Public Library

This form must be completed in **full** by the volunteer applicant and, if applicable, the parent / guardian and returned to the Circulation Desk.

After review, we will contact you regarding our volunteer opportunities.

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

In case of Emergency, please call \_\_\_\_\_ Phone \_\_\_\_\_

Why are you interested in volunteering at the library?  
\_\_\_\_\_  
\_\_\_\_\_

Will volunteering fulfill a (circle one): community service requirement /court ordered/other  
If so, please describe in detail: \_\_\_\_\_  
\_\_\_\_\_

When are you available? M: \_\_\_\_ - \_\_\_\_ T: \_\_\_\_ - \_\_\_\_ W: \_\_\_\_ - \_\_\_\_ Th: \_\_\_\_ - \_\_\_\_  
F: \_\_\_\_ - \_\_\_\_ S: \_\_\_\_ - \_\_\_\_ Sun: \_\_\_\_ - \_\_\_\_

How many hours do you need to complete? \_\_\_\_\_

Will you need a confirmation of your volunteering hours? (circle one): yes/no

If so, to whom should this be sent to?: \_\_\_\_\_

**OR** bring appropriate form to fill out by library staff member.

Applicant Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest!