

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 return to the Director.

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!