



# VOLUNTEER APPLICATION

Date \_\_\_\_\_

*(Please complete both sides of application)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

*(For Student Volunteers under age 18)*

School \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

### Where would you like to volunteer?

- Main Library
- LPCPL Labs
- Coolspring
- Fish Lake
- Hanna
- Kingsford Heights
- Rolling Prairie
- Union Mills
- Community Events

### How would you like to volunteer?

- Customer support
- Event assistance
- Genealogy assistance
- Special projects
- Teaching
- Tutoring
- Working with adults
- Working with children
- Working with materials

### How often would you like to volunteer?

- Weekly or monthly
- Scheduled classes
- Special events
- Summer only
- School year only

### Summarize any special skills or interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

*Office use only*

Received by:	Date:
Background check completed by:	Date:

## Emergency Contacts

Please list below two persons that we can contact in case of an emergency:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

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## Parental/Guardian Consent for Volunteers Under Age 18

I hereby give permission for \_\_\_\_\_ to become a volunteer at the La Porte County Public Library and affirm that the information given is correct.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Name (Signed) \_\_\_\_\_

Date \_\_\_\_\_

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## Background Check Release

We run background checks on employees and all adult volunteers. Please complete and sign and date below to authorize the La Porte County Public Library to run a background check. LPCPL uses Validity Screening Solutions to run background checks.

Signature \_\_\_\_\_

Date \_\_\_\_\_