



Start Date: _____
End Date: _____
Type: _____
Letters attached: <input type="checkbox"/>

Youth Volunteer Application

Please use a pen to fill out the volunteer application. Answer each section with all the required information. Incomplete applications will not be accepted.

Name: _____
Last First Middle

Home Address: _____
Street City State Zip

Telephone: _____ **Email** _____
Home Cellular

Notify in case of an emergency:

Name: _____ **Relationship** _____

Telephone: _____ **Email** _____
Home Cellular

Education:

Grade: _____

School: _____

Skills:

List special skills or training that would be useful to the library:

Tell us about your interests and hobbies:

Areas of Interest:

- Summer Challenge
- Children's Services
- Assisting with programs
- Organizing Materials
- Other (please explain): _____

Do you have any previous volunteer or work experience? Tell us about it!

Do you have any limitations that may restrict the duties you can perform? Tell us about it!

Please check your reason for seeking a volunteer position at the Aurora Public Library:

- School Credit/obligation
- Internship
- Other (please explain): _____

Please check the library location(s) where you are interested in volunteering:

- Santori
- West Branch
- Eola Road Branch
- Bookmobile

Please indicate the hours under days you are available to volunteer. (example: under Saturday, 9-noon or 1-3p.m.).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	N/A						
Afternoon							
Evening	N/A					N/A	N/A

Number of volunteer hours needed: _____ - _____

Number of volunteer hours available to work each week: _____ - _____

I will be available to volunteer beginning _____ date.

Specific time frame if necessary Start _____ End _____
mm/dd/yyyy mm/dd/yyyy

PLEASE NOTIFY THE LIBRARY IN ADVANCE OF YOUR VACATION TIME.

References:

Please attach one letter of recommendation from a teacher, and fill out the following contact information:

1. Name: _____ **Phone:** _____

Title/Relationship: _____
School Name or Company Name

Background Check:

Are you willing to submit to a background check if required? Yes No

I recognize that there are certain risks of physical injury to participants in this volunteer program and agree to assume full risk of any injuries, damages or loss, regardless of severity, which I/my child may sustain as a result of participating in the program. I waive and relinquish all claims that I/my child may have against the Aurora Public Library, as well as its agents, employees and volunteers, as a result of participating in this volunteer program. I further agree to indemnify and hold harmless and defend the Aurora Public Library, particularly their agents, employees and volunteers from any and all claims resulting from injuries, damages and/or losses sustained by me/my child, arising from, or connected with or in any way associated with this volunteer program.

I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS.

Signature of applicant: _____ **Date:** _____

Parent/Guardian signature: _____ **Date:** _____
(Under age 18 only)

Thank you for taking the time to fill out this volunteer application. Upon reviewing this application and checking references, we will contact you.