



**MESSENGER**  
PUBLIC LIBRARY OF NORTH AURORA

## Volunteer Application Form

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Please Print) (If under 18)

Address: \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Do you have any of the following skills?

Computer experience	Yes	_____	No	_____
Artistic or graphic experience	Yes	_____	No	_____
Customer Service	Yes	_____	No	_____
Office/clerical experience	Yes	_____	No	_____

Software and equipment used (Please circle all you know how to use):

Microsoft Word   Excel                      Publisher                      Copier                      Laptop

Library experience – Please explain: \_\_\_\_\_

How many hours per week do you want to volunteer? \_\_\_\_\_

Which days are you available to volunteer?

Mon. \_\_\_\_\_ Tue. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

What hours are you available to work?

Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings \_\_\_\_\_

How did you hear about the library? \_\_\_\_\_

Highest education reached: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Current employer: \_\_\_\_\_

References:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

## **Volunteer Agreement**

As a volunteer/intern with the Messenger Public Library of North Aurora (MPL), I understand I will be performing duties directly or indirectly, to serve the needs of the library and the residents of North Aurora. I understand that compliance with all of the requirements below is mandatory for volunteerism with MPL for everyone's safety:

1. The references I listed may be contacted by telephone or email.
2. I understand that MPL has my permission to use my name and photographs of me to promote the organization.
3. I will inform the Volunteer Supervisor of any previous injuries that may affect my ability to safely complete volunteer tasks, including lifting.
4. I understand that I must carry my own health insurance. I will not hold MPL responsible for any unforeseen injuries or problems that may occur on the job.
5. I understand that I have the right to submit a grievance to my Volunteer Supervisor or the Director of MPL should I not be satisfied with the response to my needs for guidance or supervision.
6. I understand that I may receive personal information regarding patrons and staff on an as needed basis and understand that such information is confidential.
7. I understand that the terms listed above are not all-inclusive and may be updated, as needed.

Signature: \_\_\_\_\_