

Morton Grove Public Library Volunteer Application

Name _____

Home Address _____

Home Phone _____

E-mail address _____

Emergency Notification:

Name _____

Relationship _____

Phone _____

Are you:

a student? Yes _____ Grade _____ School _____

employed? Yes _____

retired? Yes _____

Cell/work phone number: _____

Previous employment experience:

Are there any medical or other limitations, which would affect the type of volunteer service you could perform? _____

Educational background: _____

continued...

Special skills, experience, hobbies? For example, typing, computer experience, word processing, artistic ability, foreign language, etc.: _____

Volunteer Experience: _____

Please list a reference from your volunteer or employment experience:

Name _____

Address _____

Phone _____

The Morton Grove Public Library values the hours of service given by volunteers. Please indicate:

- the number of hours you would like to volunteer _____
- the time of day you would like to volunteer: _____
- the day(s) of the week you are available: _____

Signature _____ Date _____

If you have any questions about this application, please call 847-965-4220.
Please return the completed Application to the Reference Services Desk or mail it to:

Coordinator of Programming and Public Relations
Morton Grove Public Library
6140 Lincoln Ave.
Morton Grove, IL 60053

Thank you.