

Young Adult Volunteer Application



Name _____

Home Address _____

Home Phone _____

Cell Phone _____

E-mail address _____

Grade _____ School _____

6140 Lincoln Avenue
Morton Grove, Illinois
60053.2989

phone: 847.965.4220

fax: 847.965.7903

www.webrary.org

Emergency Notification:

Name _____

Relationship _____

Phone _____

Do you need volunteer service hours? Yes _____ No _____

If yes, how many? _____ When do you need them? _____

Do you have any employment experience? If yes, where?

Continued on back

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

The Morton Grove Public Library values the hours of service given by volunteers. We will offer you volunteer opportunities to match your request, if possible.

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: _____

You may also receive volunteer service hours by attending Teen Library Council (TLC) meetings each month. See the Reference Services desk for more information.

Signature _____ Date _____

If you have any questions about this application, please call 847-929-5119. Please return the completed Application to the Reference Services Desk or mail it to

Young Adult Librarian
Morton Grove Public Library
6140 Lincoln Avenue
Morton Grove, IL 60053

Thank you.