

## **Application for Volunteer Service**

## PERSONAL INFORMATION

Name			Date			
Organization Name (if app	licable)					
Address						
City			StateZip			
Home phone		Driver's License # _				
Email address						
Do you prefer to be contac	cted (circle one):	PHONE	EMAIL			
In Case of Emergency Con						
Name:	ame: Phone number:					
Relationship (i.e., sibling, p	arent):					
VOLUNTEER INTERI	ESTS					
How often would you be a	ble to volunteer (circ	ele one):				
Weekly	Monthly	Special Project On-call/As needed				
Do you have any special sk	tills you would like to	be utilized as a voluntee	er?			

I am a (circle one):

Middle School StudentHigh School Student	College Student	Adult
0	0	

## **CRIMINAL HISTORY INFORMATION**

Some volunteer positions at DeKalb Public Library require criminal history information. All volunteers need to complete the following questions. You will be notified if further information is required.

Have you ever been convicted of a violation other than a minor traffic offense?

No

Yes

Answering "yes" does not disqualify you from all volunteer positions. You must report all convictions.

If convicted, what was the date and nature of the offense?

## PERMISSION

By signing this form, I hereby certify that the information on the above application is true, accurate and complete to the best of my knowledge. I also authorize DeKalb Public Library to verify any of the information on the application and to secure information needed to complete a criminal background check.

Signature		Date	
If a volunteer is 18 years of age or under a parent or guardian is also required to	sign.		
Signature		Date	
Printed Name		_	
DeKalb Public Library 309 Oak Street, DeKalb IL 60115			(815) 756-9568 www.dkpl.org
FOR STAFF USE ONLY			
Application has been entered into the database	YES	NO	
Applicant has received orientation	YES	NO	