



Public Service Volunteer Application

Name _____	Date _____
Address _____	State _____
City _____	Zip _____
Home phone _____	Cell _____
Emergency contact _____	Phone _____
Occupation _____	Age _____

Date you will be available to start volunteer work:
Hours per week you're able to volunteer:
Days of the week you're able to volunteer: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs <input type="checkbox"/> Fri.
Time of day you're able to volunteer (note: volunteer hours are 9-2):

Have you volunteered here before? If yes, explain:
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Do you have any physical limitations? If yes, explain:
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Any allergies? If yes, explain:

For Minors Only (Under age 18) – Parent or Guardian Information

If volunteer is under age 18, a parent or guardian must sign application and provide phone information. It is the parent/guardian's responsibility to notify the worksite supervisor if the minor volunteer is going to be picked up at the library by someone other than his or her parent or guardian.

Parent/guardian name (print) _____

Home phone _____ Cell _____

Work phone _____

Public Service Volunteer Agreement

The McHenry Public Library District has agreed to allow persons serving community service to do volunteer work at the library. In signing this form as a public service volunteer, you are acknowledging that your services are gratuitous and are intended as a contribution by you for public service for the library, and as such you will not be entitled to compensation or any fringe benefits or other rights applicable to the employees of the library. It is expressly understood that you are not an employee or agent of the library and that for any reason whatsoever the library may terminate the volunteer arrangement. While on library premises, you will agree to abide by all the rules of conduct governing the staff of the library in performing your services. By signing below, I acknowledge that I have read this agreement and will abide by its terms.

X _____
Volunteer Signature Date

X _____
Parent or Guardian Signature Date
(if under age 18)

For MPLD Staff Only

Date contacted: Date interviewed:

Start date: End date:

Department Placement: Bldg. Svcs. YPS Adult Circ. Tech Svcs.

Staff supervisor: Termination reason: