



River Forest Public Library
 735 Lathrop
 River Forest, IL 60305
 708-366-5205
 www.riverforestlibrary.org

Middle School / Teen Volunteer Application

Name: _____ Date: _____

Street Address: _____
 (River Forest residents only)

Home Phone/Cell Phone: _____

Email: _____ Birthday: ____ - ____ - ____

Please circle the top three volunteer activities that appeal to you. We will do our best to assign you tasks that you are interested in:

- Help with reading program: signups/giving out prizes
- Assist with Children's or Middle School programs
- Craft prep for programs/kits
- Light cleaning
- Shelf-reading (making sure materials are in order)
- Assist staff with projects

What days and times are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10-12						
12-2						
2-4						
4-6						
6-8						

If available, are you interested in volunteering for more than one shift per week? Yes No

Please list any dates that you are unavailable due to vacation or other scheduling conflicts below.

Why do you want to volunteer at the Library?

Have you ever done volunteer work before? YES/NO

If YES, where did you volunteer and what were your duties?

Do you have any conditions we need to be aware of?

Please list two emergency contacts (at least one of whom is a parent or guardian):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____



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Volunteer Release and Waiver Agreement

I certify that the statements made in the volunteer application are true and correct.

I understand that misrepresentation of any information may result in termination of my volunteer involvement.

I understand that I will not be paid for my services as a volunteer and expect no compensation or benefits.

I give my consent to the River Forest Public Library ("RFPL") to use interviews, photographs, or video of myself (and/or my child or ward) for promotional and educational purposes in the media, in any RFPL publication, and on RFPL's website.

As a volunteer, parent, or legal guardian of a volunteer, I hereby assume any and all risk involved as a volunteer of the RFPL. I agree to release, indemnify, hold harmless, defend, and covenant not to sue the RFPL and its trustees, officers, directors, agents, employees, and volunteers ("RFPL parties") from any and all claims or liability arising out of or in any way connected with or associated with my participation in providing volunteer services. I waive my right to sue RFPL and RFPL parties for such claims or liability on behalf of myself and my child or ward.

An application from a minor will be accepted only with a parent's signature. A volunteer must be at least 10 years old.

I understand that I can be released from the volunteer program at any time, for any reason, at the discretion of the RFPL.

If I become a volunteer, I agree to:

- Comply with the policies and procedures of the RFPL.
- Perform my volunteer duties to the best of my ability and act as a member of the team.

Signature of Volunteer:

Date:

Signature of Parent/Guardian
 (if applicant is a minor):

Date:
