



VOLUNTEER APPLICATION

Date _____

(Please complete both sides of application)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-Mail Address _____

(For Student Volunteers under age 18)

School _____ Grade _____ Birthdate _____

Where would you like to volunteer?

- Main Library
- LPCPL Labs
- Coolspring
- Fish Lake
- Hanna
- Kingsford Heights
- Rolling Prairie
- Union Mills
- Community Events

How would you like to volunteer?

- Customer support
- Event assistance
- Genealogy assistance
- Special projects
- Teaching
- Tutoring
- Working with adults
- Working with children
- Working with materials

How often would you like to volunteer?

- Weekly or monthly
- Scheduled classes
- Special events
- Summer only
- School year only

Summarize any special skills or interests:

Applicant Signature _____

Office use only

Received by:	Date:
Background check completed by:	Date:

Emergency Contacts

Please list below two persons that we can contact in case of an emergency:

Name _____

Relationship _____

Phone _____

Name _____

Relationship _____

Phone _____

Parental/Guardian Consent for Volunteers Under Age 18

I hereby give permission for _____ to become a volunteer at the La Porte County Public Library and affirm that the information given is correct.

Parent/Guardian Name (Printed) _____

Parent/Guardian Name (Signed) _____

Date _____

Background Check Release

We run background checks on employees and all adult volunteers. Please complete and sign and date below to authorize the La Porte County Public Library to run a background check. LPCPL uses Validity Screening Solutions to run background checks.

Signature _____

Date _____