



LEMONT PUBLIC LIBRARY DISTRICT

APPLICATION FOR VOLUNTEER SERVICE

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Cell _____

Age: 13-17 _____ Over 18 _____

Availability: What day(s) are you available to work? (circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time during the day are you available to work? (circle)

Mornings: 9 a.m. – Noon Afternoons: 1 p.m. – 4 p.m. Evenings: 6 p.m. – 9 p.m.

Do you have any physical limitations that would need to be accommodated? (If so, please describe below.)

In case of an emergency, whom should we notify:

Name: _____ Phone: _____

Relationship: _____

Name of Physician: _____

Dress Code:

1. Clothing and footwear should not constitute a safety hazard.
2. The following items should not be worn: flip flops, shorts, tank tops, ripped or dirty clothing, revealing attire and clothing with slogans that may be offensive to others.

Please contact the library at 630-257-6541 if you are unable to work scheduled hours.



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WAIVER FOR VOLUNTEER SERVICE

I recognize that there are certain risks of physical injury to participants as a volunteer for Lemont Public Library District and agree to assume full risk of any injuries, damages or loss, regardless or severity, which I/my child may sustain as a result of participating as a community service worker for the Library. I waive and relinquish all claims that I/my child may have against the Lemont Public Library District, as well as its agents, employees and volunteers, as a result of participating as a community service worker for these activities. I further agree to indemnify and hold harmless and defend the Lemont Public Library District, particularly their agents, employees and volunteers from any and all claims resulting from injuries, damages and/or losses sustained by me/my child, arising from, or connected with or in any way associated with being a volunteer for the Lemont Public Library District.

I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND RELEASE ALL CLAIMS.

Signature: _____

Age if under 18 _____

Date _____

Signature of Parent/Guardian _____

Required for volunteers under the age of 18 only

Date: _____

STAFF USE:

Approved:

Staff Supervisor

Library Director

Date started: _____ **Date hours completed:** _____