



MORTON GROVE PUBLIC LIBRARY

Adult Volunteer Application

Name: _____

Address: _____

Phone: _____

Email: _____

Preferred method of contact: Phone Email

Emergency Contact: Name _____

Relationship _____

Phone _____

Do you require any special accommodations? Yes No

If yes, please explain: _____

Employment History

Have you previously volunteered at the library? Yes No

Employment experience: _____

Volunteer experience: _____



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Volunteer Interests

Please select any of the following skills, abilities, and interests that relate to you:

- Clerical tasks
- Arts and crafts
- Knowledge of foreign language
- Working with youth
- Working with the public
- Working with books
- Teaching/Tutoring
- Book delivery
- Basic computer skills

Other special interests, hobbies, skills, and abilities: _____

Language(s) you speak, read, or write: _____

Availability

How often would you like to volunteer? One time Ongoing

How many hours? _____

Which days/times are you available to volunteer? _____

Signature _____ Date _____

Please return the completed application to the Info Desk or mail to:

Morton Grove Public Library
ATTN: Adult Volunteer Coordinator
6140 Lincoln Avenue
Morton Grove, IL 60053
teeninfo@mgpl.org