



Hodgkins Public Library Volunteer Application Form

Please fill out this form if you are interested in volunteering for the Hodgkins Public Library. Submitting a volunteer application does not guarantee a volunteer position. Please apply only if you are 12 and over. Required fields are marked by an asterisk (*).

Personal Information

First Name: * _____

Last Name: * _____

E-mail address: _____

Phone Number (please include area code):* _____

Street Address:* _____

City/County:* _____ Zip Code:* _____

Age:* 12-17 _____ 18 and over _____

Date of Birth:* ____/____/____

Education:

Middle School _____

High School _____

College _____

College Major (if applicable) and did you receive a degree? If so, in what area?

Do you have previous volunteer experience?* yes _____ no _____

If you have had experience, what type of volunteering and where?

Availability:* (please circle) M T W Th F Sat

What time of day?* (please circle) 10am-12pm 12pm-2pm 2pm-4pm 4pm-6pm

What is your reason for volunteering?*(ex. Required hours, community service, summer only, ongoing, etc.)

Please solve this simple math problem:*

$3 + 7 = \underline{\quad}$

Please arrange these words in alphabetical order, 1-10:*

Phone _____

Calculator _____

Notebook _____

Squirrel _____

Clock _____

Calendar _____

Flower _____

Key _____

Entertainment _____

Raccoon _____

Signature

Date

(if under 18) parent/guardian signature

Date

