

Cary Area Public Library District

1606 Three Oaks Road • Cary, IL 60013-1637 • (847) 639-4210 • Fax: (847) 639-8890

Volunteer Application

Last Name: _____ First Name: _____

Street Address: _____ City: _____ Zip: _____

Phone # _____ (home) _____ (work)

Date submitted: _____

When is the best time to contact you? _____

Age Categories

____ under 16
____ 16 – 18
____ 19 – 24
____ 25 – 39
____ 40 – 54
____ over 55

Education

Highest Level completed
____ Grammar school
____ High School
____ Technical School
____ Some college
____ College degree in

____ Professional training in

Availability

(list time each day)

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Why would like you to volunteer at the Cary Area Public Library?

Are you required to participate in a volunteer program? Why? _____

Do you have any physical limitations restricting your activities? ____ Yes ____ No

If yes, please explain: _____

Indicate those areas of skill/interest which pertain to you.

Mark as many as are applicable.

____ art design	____ displays/bulletin boards	Computer Skills
____ crafts	____ clerical/office work	____ data entry
____ filing	____ indoor plant care	____ desktop publishing
____ dusting	____ carpentry skills	____ word processing
____ photocopying	____ used book sales	____ spreadsheets
____ painting	____ article/photo archiving	____ digital imaging
____ translator/interpreter (list language/languages)		Software you use:
