

Quincy Public Library
Application for Volunteer Service

Please return this application to: Volunteer Facilitator,
Quincy Public Library, 526 Jersey St., Quincy, IL 62301
217-223-1309 ext. 228

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Library Location Preference

_____ Main Library _____ York Street Branch

Availability (please fill in times available next to the appropriate day)

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Relevant interests, skills, education, or experience-

Will this volunteer service fulfill a community service requirement? _____

If yes, please explain _____

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon the completion of this application, participation in an interview process, and consent to a background check. If my offer of volunteer service is accepted, I will not be entitled to compensation for any services I provide.

Signature _____ Date _____

Parental Permission

If you are under 16, please have a parent/legal guardian sign the following form:

I (print) _____ parent/legal guardian, grant permission for (print)
_____ to volunteer at the Quincy Public Library.

Parent/Legal Guardian Signature _____ Date _____