



# MORRIS AREA PUBLIC LIBRARY

604 Liberty Street  
Morris, Illinois 60450  
(815) 942-6880  
[www.morrislibrary.com](http://www.morrislibrary.com)

## ADULT VOLUNTEER APPLICATION

Last Name:	First Name:	MI:
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Current Address:		
City:	Zip Code:	Date of Birth: MM/DD/YYYY
Phone Number:		

Morris Area Public Library communicates volunteer opportunities through email. Please list an email address you check regularly.

Email address:
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Do you have any special skills or interests you'd like to share with the library? (For example: gardening, decorating, event setup, or other talents)

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We have various volunteer opportunities throughout the year during our regular business hours.

Please list your general availability below. We will contact you for specific dates and times.

Sunday 12p-5p	Monday 9a-8p	Tuesday 9a-8p	Wednesday 9a-8p	Thursday 9a-8p	Friday 9a-5p	Saturday 9a-5p

Emergency Contact:	Relationship:
Emergency Contact Phone:	

Cultivate Curiosity, Enlighten the Mind, Strengthen the Community

Please provide the names and contact information of two individuals who can vouch for your character, work ethic, and suitability for the volunteer position.

First and Last Name:	
Phone Number:	Email Address:

First and Last Name:	
Phone Number:	Email Address:

I hereby apply to volunteer at the Morris Area Public Library District. I certify that all statements made on this application are true and correct. If placed in a volunteer opportunity, I agree to abide by the rules of the Morris Area Public Library District's Volunteer Program. I understand that I must follow instructions given by staff, perform my tasks in a professional and timely manner, and adhere to the Library's Privacy Policy. Failure to do so may result in my dismissal from the Volunteer Program.

Signature:	Date:
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**STAFF USE ONLY**

Date Received and Staff Initials:			
Notes			