



**DECATUR PUBLIC LIBRARY**

knowledge | creativity | inspiration

## **Student Volunteer Application Form Children's Department**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Name & phone # of emergency contact \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

\_\_\_\_\_

Do you have any experience, training, or special interests that you feel would be helpful in volunteering in the Children's Department?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any particular activities that you would like to be involved with in the library? \_\_\_\_\_

\_\_\_\_\_

How much time would you like to give, and when would you be available? Mornings?  
Afternoons? Evenings? Saturdays?

\_\_\_\_\_

\_\_\_\_\_

Are you filling a community service requirement? If so, why?

\_\_\_\_\_

*Thanks for your interest! Katie Gross & the rest of the Children's Department Staff*  
kgross@decaturlibrary.org Children's Division (217) 424-2900 ext. 5