Carbondale Public Library
405 West Main
Carbondale, IL 62901-2995
618-457-0354

Partners In Reading: Volunteer Application and Contract

Name: _____Date:_____

Address: _____

Home Phone: _____Cell/Work Phone: _____

E-Mail Address: _____
****

WHICH DAYS/TIMES CAN YOU VOLUNTEER? (Please indicate 1st choice, 2nd choice, 3rd choice)

	Boys and Girls Club	***Carbondale Public Library***	
	Tuesday	Wednesday	Thursday
	4:00-5:00	3:30-4:30	3:30-4:30
		4:30-5:30	4:30-5:30

IF YOU ARE A CCHS STUDENT:
Grade: ____11th____12th
Extracurricular activities: _____
_____
_____

IF YOU ARE AN SIU OR JAL STUDENT:
Year in School: _____
Major: _____
Organization memberships:_____
_____

I WOULD PREFER A "PARTNER IN READING" WHO IS:

___Male
___Female
___Either

___1st grade
___2nd grade
___3rd grade
___4th grade
___5th grade

___Has a reading/learning disability.
___Does not have a learning disability.
___It does not matter either way.

****
CURRENT EMPLOYMENT:_____
VOLUNTEER EXPERIENCE:_____
_____

(continue on other side)

(application continued)

Have you ever been convicted of a crime of violence, sexual offense or an offense related to children? ____Yes ____No

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IN CASE OF EMERGENCY, CALL:

Name: _____

Home phone: _____ Work phone: _____

The staff at Carbondale Public Library appreciates your interest in the library and your willingness to assist in serving the public's needs. We agree to provide training and the support necessary to carry out your volunteer tasks.

Signed_____ Volunteer Coordinator, Date_____

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I agree to serve as a CPL volunteer for the Partners in Reading program. I will notify library staff if I am unable to fulfill my work schedule.

Volunteer's signature_____ Date _____

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