



Check (✓) below the machines or tools you can operate:

Computer                       Paper Cutter                       Internet                       DDR  
 Computer printer                       Copy Machine                       Wii

Please describe in detail anything that would prevent or prohibit you from performing the duties of the job as described in the Volunteer Guidelines.

Check (✓) your reason for seeking a volunteer position:

School credit obligation                       Volunteer opportunity

Please check (✓) the library location(s) where you are interested in volunteering:

Main Library                       West Branch                       Eola Road Branch                       Support Facilities (Bookmobile)  
 1 E. Benton Street                      233 S. Constitution Drive                      555 S. Eola Road                      Suite 10, 1100 Church Road  
 630-264-4103                      630-264-3600                      630-264-3400                      630-723-2705

Please check (✓) the boxes below to indicate the hours and days you are available to volunteer. **If you are able to volunteer on a Sunday, please check the hours you are available.**

	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00
<b>Monday</b>												
<b>Tuesday</b>												
<b>Wednesday</b>												
<b>Thursday</b>												
<b>Friday</b>									Library closes at 5 pm on Fridays and Saturdays.			
<b>Saturday</b>												
<b>Sunday</b>												

Highlighted boxes indicate that the library is closed.

**PLEASE NOTIFY THE LIBRARY AT LEAST 2 WEEKS IN ADVANCE OF YOUR VACATION TIME.**

**Reference:**

Please supply the name and phone number of a teacher or employer as a reference in the space provided below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

School Name or Company Name

I recognize that there are certain risks of physical injury to participants in this volunteer program and agree to assume full risk of any injuries, damages or loss, regardless of severity, which I/my child may sustain as a result of participating in the program. I waive and relinquish all claims that I/my child may have against the City of Aurora, as well as its agents, employees and volunteers, as a result of participating in this volunteer program. I further agree to indemnify and hold harmless and defend the City of Aurora, particularly their agents, employees and volunteers from any and all claims resulting from injuries, damages and/or losses sustained by me/my child, arising from, or connected with or in any way associated with this volunteer program. I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS. I HAVE READ AND UNDERSTAND THE VOLUNTEER GUIDELINES.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Under age 18 only)

Thank you for your interest in volunteering at the Aurora Public Library. You will be notified if we have an opening that matches your qualifications and availability.