

Student Form to Request School Year Volunteering at Matteson Area Public Library District

For Staff: If you receive an inquiry about volunteering during the school year, please fill out the front page and return to Julia Driscoll.

Staff Member: _____

Today's Date: _____

Please Print Everything.

Student's Name:		Student's Age:
Is the volunteer work required by a court or other law enforcement agency, i.e. community service? <input type="radio"/> YES <input type="radio"/> NO	Is the student a resident of Matteson? <input type="radio"/> YES <input type="radio"/> NO	Has the student volunteered at MAPLD before? <input type="radio"/> YES <input type="radio"/> NO
Is there a requirement for the student to volunteer for a specific number of hours by a specific date? <input type="radio"/> YES <input type="radio"/> NO Hours to Complete: _____ Date to be Completed By: _____		
Primary Phone Type: <input type="radio"/> Student's Cell <input type="radio"/> Parent's/Guardian's Cell <input type="radio"/> Home <input type="radio"/> Parent Work <input type="radio"/> Other Relative Primary Phone Number: _____		
Secondary Phone Type: <input type="radio"/> Student's Cell <input type="radio"/> Parent's/Guardian's Cell <input type="radio"/> Home <input type="radio"/> Parent Work <input type="radio"/> Other Relative Secondary Phone Number: _____		
Is the student requesting partner with MAPLD as part of a large personal service project (e.g. Eagle Scout, Girl Scout Gold Award, NHS Personal Project)? <input type="radio"/> YES <input type="radio"/> NO <i>If yes, STUDENT should also fill out back of sheet.</i>		
Student's School:		Student's Grade:
Student's Email:		
Adult's Email:		
STAFF: Let potential volunteer know that Ms. Julia will get in touch with them within about a week and that they will be required to attend a volunteer training session before volunteering at the library. (If this timeframe does not work for the student, we might not be able to help them at this time.)		
AREA FOR LIBRARY NOTES		

INFORMATION BELOW FOR JULIA TO FILL OUT.

Is the student requesting to volunteer on a regular schedule (e.g. every Wednesday evening)?

YES NO *If yes, fill out your schedule availability below.*

Weekday	Earliest Start Time	Latest End Time	Available Every Week?	Notes: (e.g. every other week, specific dates)
<i>Example Weekday</i>	<i>4 PM</i>	<i>7 PM</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	<i>Available October 15 – December 31</i>
Monday			<input type="radio"/> YES <input type="radio"/> NO	
Tuesday			<input type="radio"/> YES <input type="radio"/> NO	
Wednesday			<input type="radio"/> YES <input type="radio"/> NO	
Thursday			<input type="radio"/> YES <input type="radio"/> NO	
Friday			<input type="radio"/> YES <input type="radio"/> NO	
Saturday			<input type="radio"/> YES <input type="radio"/> NO	

SECTION BELOW FOR LARGE PERSONAL SERVICE PROJECTS ONLY (that partner with Matteson Library)

*Requests for large personal service projects should be completed **4-6 months** before of the date of the project. Once this form has been submitted, Ms. Driscoll will contact the student to determine if a project in partnership with the library is possible.*

Name of Organization Requiring Personal Service Project (e.g. name of school, scout group, church, etc.):

Date Personal Service Project Must Be Completed By:

Any Significant Requirements for the Project the Library Needs to Know About? (e.g. number of hours required, goals that must be met, etc.)

Ideas for Personal Service Project:

Date Completed Volunteer Training: