

Student Volunteer Application
Decatur Public Library Children's Section

Name _____ Date _____

Address _____

Phone _____ Email _____

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 Section?

Are there any particular activities you'd 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? _____

Thank you for your interest!

childrens@decaturlibrary.org
217.424.2900 ext. 5



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