

Capital Area District Library
401 S. Capitol, PO Box 40719, Lansing, MI 48901-7919 • 517.367.6300
Library Volunteer Application Form

Please print clearly and complete each section. Under 18 requires parent's signature and a work permit.

Name _____ Date _____

Street _____

City _____ State _____ Zip Code _____

Phone (H) _____ Phone (W) _____

E-mail _____

Age (if under 18) _____

Have you ever been convicted of a felony or misdemeanor? Yes No
(The applicant does not have to disclose information regarding a misdemeanor arrest, detention or disposition where a conviction did not result.)

If yes, describe the crime _____

Date and Location _____

Person to contact in the event of any emergency:

Name _____

Relationship _____

Address _____

Phone (H) _____ Phone (W) _____

E-mail _____

Volunteer Interests - Please check all that apply. Activities may not be available at all times or at all locations.

Libraries: Dust Shelves Shelve Books Label Books Greet People
 Assist with Programs Summer Reading Garden Outdoor Projects
 Shelf Reading

Administration: Book Project Surveys Mailings

Forest Parke Memorial Library: Data Entry Indexing/Filing Displays
Research Scanning Computers

Locations - Please number in order of preference with 1 being your first choice.

Aurelius Dansville Foster Haslett Holt-Delhi Leslie
 Main (Lansing) Mason Okemos South Lansing Stockbridge
 Webberville Williamston
 Administration Forest Park Library and Archives

Volunteer Availability - Please check the times you would be available to volunteer below. (Hours vary according to library site.)

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
9am - 12 Noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Noon - 5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5pm - 9pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours do you wish to work each month _____?

I will be available to volunteer beginning Date: _____

References - Please list three references with phone numbers and e-mail. Use "Relationship" to indicate how you know each reference. (Employment, school, previous volunteer references preferred.)

Name: _____

Phone: _____ E-mail _____

Relationship: _____

Name: _____ Phone: _____

Phone: _____ E-mail _____

Relationship: _____

Name: _____ Phone: _____

Phone: _____ E-mail _____

Relationship: _____

I hereby authorize the company listed above to release my employment data, including information regarding my attendance and performance of job duties, to a Capital Area District Library representative. I understand that this information will be kept in strict confidence.

Signature

Date

Please sign below when you have read and understood all statements on both pages.

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Capital Area District Library from any liability for supplying such information.

I understand that the Capital Area District Library reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.

I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
(Required if the applicant is under age 18.)