

Student Volunteer Application

Name _____
Last Middle First

Address _____
Street City State Zip

Home Phone _____ Alternate Phone _____

Email _____ Driver's License Number _____

Emergency Contact _____ Emergency Phone _____

STUDENT INFORMATION

Education *(circle currently attending or going into)*

Middle School: 7 8 High School: 9 10 11 12

What school are you attending? _____

Will you receive school credit for volunteering? _____

Do you have other volunteer experience? If yes, please describe: _____

At which branch do you wish to volunteer? (check all that apply)

Main Branch _ Addison_ Britton_ Clayton_ Deerfield_ Onsted_

Please list any skill, special training, degrees, work experience, or interests that you have that may contribute to your volunteer efforts (examples: foreign language, artistic, calligraphy, etc.)

What volunteer job are you interested in? (check all that apply):

Summer Reading Club table ____ Put together craft kits ____ Shelf reading ____

Label books ____ Book repair ____ Water / care of plants ____ Office work (copying,
mailing) ____ Computer work ____ Any as needed ____

Other (please specify) _____

Hours of availability:

Monday:_____ Tuesday:_____

Wednesday:_____ Thursday:_____

Friday:_____ Saturday:_____

PERMISSION from parent of guardian **REQUIRED** for youth under age of 18:

_____ has my permission to volunteer at the Lenawee District Library. Youth's name

Age of youth Signature of Parent or Guardian Date

REFERENCES: Please list two people (not relatives) we may contact as personal references for you:

1. Name _____ Relationship: _____

Address: _____ Telephone: _____

2. Name _____ Relationship: _____

Address: _____ Telephone: _____

Volunteer waiver:

PLEASE NOTE: The Lenawee District Library does not provide insurance coverage for volunteers.

I understand I will not be paid for my services as a volunteer. I also understand that the Lenawee District Library is a smoke-free, drug-free, and alcohol free environment.

I will abide by all policies of the Lenawee District Library. I understand that all library users have a legal right to privacy. Any and all information pertaining to anyone's use of the Lenawee District Library will be held as strictly confidential.

I certify that I have answered and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for volunteer position. I understand that the information contained on my application will be verified by the Lenawee District Library and that misrepresentations or omissions may be cause for immediate rejection as an applicant or my termination as a volunteer.

I further 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