Library Volunteer Application Form

Name_____________________________________________  Date________________________________

Address____________________________________________________________________________

Telephone (Home) __________________________ Telephone (Cell) ______________________

E-mail _______________________________________________________________ 

Are you 18 years or older? (circle)      YES      NO  Male      or      Female (circle)

I am a (check all that apply):
    Middle School Student
    High School Student
    College Student
    Adult
    Senior

I am seeking this volunteer position:
   To satisfy school/class/scholarship requirements which I need to complete by: __________
   To become a regular volunteer

Have you been convicted of a felony within the last 7 years? _____________
If yes, please explain:
______________________________________________________________________________  
______________________________________________________________________________

Employment Information
Current Employer
______________________________________________________________________________

Position/Title ______________________Duties Include____________________________________

Other Employment Experience (briefly describe): ______________________________________

**Volunteer Information**

Have you ever volunteered before? ___________ If so, where? _______________________

Brief description of duties:

______________________________________________________________________________
______________________________________________________________________________

Please note the skills, abilities, or interests below that are applicable to you:
Previous Library work  
Arts and crafts ability  
Data processing/computer work  
Experience with electronic resources  
Typing/Word processing  
Knowledge of a foreign language: __________

Please list any special interests, skills or hobbies:

______________________________________________________________________________
______________________________________________________________________________

Please List any physical limitations the library should know about:

______________________________________________________________________________
______________________________________________________________________________

Please mark the areas you are interested in:
Shelving items  
Shelf reading  
Book Processing  
Clerical Tasks  
Cleaning materials  
Program/project help

**Availability**

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I will be able to volunteer starting: ________________
I need to complete my volunteer service by: ________________
I need to complete _______ hours
**References** (Include name, title and phone number)

Personal Reference: _____________________________________________________________

Employment/School Reference: _________________________________________________

**Person to contact in case of emergency**
Name _______________________________________________________________________

Relationship __________________________________________________________________

Address _______________________________________________________________________

Telephone (Home) _______________________ Telephone (Work) _______________________

E-mail _______________________________________________________________________

**Applicant’s Statement**
I certify that the information on this application is true and correct and acknowledge that falsification of this application is grounds for disqualification.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a volunteer service decision.

By signing this form, I hereby acknowledge I have read and understood the above statements.

Signature of Applicant _______________________________________ Date ________________

Parent or Guardian signature (if applicant is below 18) ______________________________
Hackley Public Library
316 W. Webster Ave.
Muskegon, MI 49440

WAIVER OF CONFIDENTIAL RECORDS

Permission is hereby given any agency of the government of the United States, any municipal corporation or political subdivision of this state or any other state or agency or department thereof, and any other agency, person, firm or corporation holding records considered confidential concerning me, to furnish the Hackley Public Library all information desired involving me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the Hackley Public Library.

Such records, I understand, may include reasons for termination of employment, reasons for discharge from military service, criminal history, driving record investigation, on the job performance, educational records, credit history or any other information which may not otherwise be obtained without any prior agreement.

I further understand that the information which may be obtained about me will be obtained upon assurance of confidentiality by the Hackley Public Library to the person or persons supplying the information. I understand that this information will become privileged to the Hackley Public Library and will become part of the confidential records of the Hackley Public Library to which I will not have access.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. (This authorization shall continue in effect until revoked by me in writing).

Signature ___________________________________ DOB ________________________________

Print Name _______________________________ D.L. # _______________________________

Date ________________________________

If veteran, give grade held, service number and branch of service. Other applicants with Federal agencies, give position and name of agency: __________________________________________
____________________________________________________________________________

Is any additional information relative to a different name necessary to check your work and/or educational record?
Yes_______ No_______

If yes, please explain and list names: ________________________________________________

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A WITNESS

Signature of Witness _______________________________ Date _________________________
Hackley Public Library
Background Check Form

Please Print:

First Name: ____________________

Middle Initial: __________

Last Name: _________________________

Race:  White
       Black
       Asian or Pacific Islander
       American Indian or Alaskan Native
       Unknown /other

Sex:  Male
       Female

Date of Birth: Month: _____ Day: ______ Year: _______

Other names: ________________________________

Signature (for approval to do a background check):

________________________________________________________________________