

Hackley Public Library

316 W. Webster Ave., Muskegon, MI 49440

(231) 722-8000 www.hackleylibrary.org

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

	Mon	Tues	Wed	Thurs	Fri	Sat
Begin						
End						

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):
