

## Bath Township Public Library Library Volunteer Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Are you 18 years or older? (circle) YES NO
2. What is your date of birth? \_\_\_\_\_
3. I am seeking this volunteer position:
  - To satisfy school/class/scholarship requirements. Hours needed \_\_\_\_\_
  - To become a regular volunteer

### Volunteer Information:

1. Have you ever volunteered before? \_\_\_\_\_ If so, where? \_\_\_\_\_
2. Briefly describe duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Note any skills, abilities or interests that apply to you:
  - Previous Library Experience
  - Arts and Crafts
  - Story time/Reading to children
  - Data Processing/computer work
  - Experience with electronic resources
  - Experience helping people use computers
4. Mark the areas you are interested in:
  - Shelving materials
  - Shelf reading
  - Book processing
  - Clerical tasks
  - Program/project

### Availability:

Mon	Tues	Wed	Thurs	Fri	Sat

**Emergency Contact Information**

Name: \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Relationship: \_\_\_\_\_

email: \_\_\_\_\_

**Applicant's Statement:**

**I certify that the information on this application is true and correct. 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 younger than 18 years of age)*

All volunteers must complete the following:

**Bath Township Public Library  
Background Check**  
*(If over 18)*

I, \_\_\_\_\_, confirm that the Bath Township Public Library has my permission to run a background check on me through the ICHAT system.

\_\_\_\_\_

Name Printed

\_\_\_\_\_

Signature Date

**Bath Township Public Library  
Volunteer Confidentiality Agreement**

I, \_\_\_\_\_, understand that in my capacity as a Bath Township Public Library volunteer, I may encounter confidential information. In compliance with Michigan Library Privacy Act 455 of 1982, I agree to protect this information to the best of my ability and not divulge it during or after my service as a volunteer has ended.

\_\_\_\_\_

Name Printed

\_\_\_\_\_

Signature Date

**Bath Township Library Center  
Photo/Image Release**

I, \_\_\_\_\_, confirm that the Bath Township Public Library has my permission to use my photograph or videotaped image in publicity about the Bath Township Public Library activities.

\_\_\_\_\_

Name Printed

\_\_\_\_\_

Signature Date

**Volunteer Agreement Form**

I understand that when I volunteer for the Bath Township Public Library, my actions are reflection on myself as well as the library.

I understand that the Bath Township Public Library reserves the right to screen volunteers and to accept or reject any application.

I understand that I will not be paid for my services as a volunteer.

I understand that my volunteer services may end at any time. Both the library and I have the right to terminate my association with the library at any time, for any reason, with or without cause. I will notify the library if I want to discontinue my volunteer hours.

As a volunteer, I will assist with general library activities to support the library staff.

I understand that I must dress appropriately while I am volunteering at the Bath Township Public Library.

I agree to come to the library during my designated volunteer hours. If I cannot make it, I will email [info@bathtownshippubliclibrary.org](mailto:info@bathtownshippubliclibrary.org) letting the library know that I will not be there during my scheduled time. I will also let the library know if there are long periods of times that I will not be there. If I miss three consecutive scheduled shifts without any formal notice, I will be removed from service. Library staff will notify me if the library opens late or closes for any reason.

I understand that I must wear a volunteer tag that identifies me as a volunteer while I am on duty at the library.

I understand that I will check in with staff at the beginning and end of my shift in order to keep an accurate record of the hours I work.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(For underage volunteers)

Staff member \_\_\_\_\_ Date: \_\_\_\_\_