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:
   o To satisfy school/class/scholarship requirements. Hours needed _____________
   o 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:
   o Previous Library Experience  o Experience with electronic resources
   o Arts and Crafts  o Experience helping people use computers
   o Story time/Reading to children  o ____________________________
   o Data Processing/computer work

4. Mark the areas you are interested in:
   o Shelving materials  o Clerical tasks
   o Shelf reading  o Program/project
   o Book processing

Availability:

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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 __________

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**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 __________

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**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 __________