

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
 - Experience with electronic resources
 - Arts and Crafts
 - Experience helping people use computers
 - Story time/Reading to children
 - Data Processing/computer work

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

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 <i>(If over 18)</i>	
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