

VOLUNTEER APPLICATION

*Court-ordered community service volunteers cannot be accepted.

Please print legibly:

NAME		C	DATE	
(Last)	(First)	(Middle)		
ADDRESS				
(Street)		(City)		(Zip)
PHONE (Daytime)	PI	HONE (Evening)	
E-MAIL ADDRESS				
EDUCATION				
If you are a student, pleas	se complete the foll	owing:		
School:		Grad	е	
Age (if under 18)				
*Community Service fulf	illment for school:	Yes _	No	
If yes, number of hours	needed	_ Date must be	completed _	
*Students from Dearborn sch	ools only; Must have c	ounselor's signatu	re.	

WORK EXPERIENCE _____

REFERENCES (Please provide the name of a professional, educational or character reference)

Name _____ Relationship _____

Email

VOLUNTEER EXPERIENCE _____

ARE THERE ANY PHYSICAL LIMITATIONS THAT WOULD RESTRICT YOUR VOLUNTEER ACTIVITIES?

WHY ARE YOU INTERESTED IN VOLUNTEERING AT THE LIBRARY?

INDICATE WHICH JOBS ARE OF MOST INTEREST TO YOU

- Put shelves in order (alphabetically or by Dewey classification)
- Re-shelve returned library material
- Help with children's programs
- Assist with home-school groups
- Clean, re-jacket library books
- Check and clean audio visual material
- Assist with reports (requires checking the shelves for material)
- Clean computers screens and keyboards
- English as a Second Language (ESL) Conversation Circle
- Assist with Friends of the Library-Dearborn (FOLD) book sale

AT WHICH LIBRARY DO YOU WANT TO VOLUNTEER? (can check more than one)

	HFCL		Bryant		Esper
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TIME SLOTS YOU ARE AVAILABLE

	Monday	Tuesday	Wednesday	Thursday	Friday	
Morning						
Afternoon						
Evening						
ANY ADD	ITIONAL IN	FORMATIO	N ABOUT YOUF	R AVAILABILI	TY THAT YO	U
WOULD I	LIKE US TC	KNOW				
ANY ADD	ITIONAL IN	FORMATIO	N ABOUT YOU	THAT YOU W	OULD LIKE	US TO
		e personal in sition for you.	formation you p	rovide solely	to assist us ir	ı finding
To promo	to a safo v	work onviron	ment for natro	ne staff and	volunteers	criminal

To promote a safe work environment for patrons, staff, and volunteers, criminal background checks will be required of all potential volunteers ages 18 and over. For this reason, please answer the following questions.

SEX: Female D Male	BIRTHDATE://		
RACE/ETHNIC GROUP:	White (Non-Hispanic) \Box	Black (Non-Hispanic)	
Hispanic	Asian or Pacific Islander \Box	Amer. Indian or Alaskan \Box	
Arab	Other		

Volunteer Orientation Video: I have viewed the Volunteer Orientation DVD or video link from the Dearborn Public Library Homepage and accept the policies and provisions set forth in the volunteer orientation presentation. Check the appropriate box below. **VOLUNTEER AGREEMENT** (Agreement is not finalized until signature is present)

My signature certifies that the information provided above is accurate and authorizes the Dearborn Public Library to verify any of the information and secure information from personal references. I understand that as a volunteer I am not entitled to monetary compensation for the work that I perform or be entitled to worker's compensation or group benefits in the event of injury. The Dearborn Public Library reserves the right to evaluate volunteer performance and the right to terminate services should responsibilities not be fulfilled satisfactorily.

Date
Print Name
Signature
Signature of parent or guardian (Required if applicant is under age 18)
Print Name of Parent/Guardian
For Dearborn School Community Service
Print Counselor's Name
Counselor's Phone Number
Signature of Counselor
Date

The Dearborn Public Library cannot accommodate all volunteer requests. Volunteer opportunities are available on a limited basis.

After you submit your application, please allow 3 weeks for processing. You will be contacted by a volunteer coordinator. Please make sure your contact information is legible.