



Volunteer Application

You must be a least 14 to volunteer. Volunteers under the age of 18 must have a parent/guardian complete the consent section on the reserve side of this application. Applications need to be turned in to the Business Office on Level 5 of the Main Library (111 Library Street NE, Grand Rapids, MI 49503).

PERSONAL INFORMATION

Last name	First name	Middle initial
Phone number 1	Phone number 2	Today's date
Current street address	City, state, ZIP code	Received date (official use)
Email address	Are you 18 years old or older? <input type="checkbox"/> yes <input type="checkbox"/> no age if under 18:	

VOLUNTEER INTERESTS

How did you learn about the volunteer opportunities at the Grand Rapids Public Library?

I am interested in: <input type="checkbox"/> setting up a regular schedule to volunteer weekly or bi-weekly <input type="checkbox"/> working a special event	I am interested in work at the following locations: <input type="checkbox"/> Main Library <input type="checkbox"/> Madison Square Branch <input type="checkbox"/> Ottawa Hills Branch <input type="checkbox"/> Seymour Branch <input type="checkbox"/> Van Belkum Branch <input type="checkbox"/> West Leonard Branch <input type="checkbox"/> West Side Branch <input type="checkbox"/> Yankee Clipper Branch
--	---

I am available to work:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							

Please list the type of volunteer work you are interested in:

EDUCATION AND SKILLS

Highest level completed: grade 9 grade 10 grade 11 grade 12 college degree graduate degree post graduate degree

Current and/or former occupation(s):	Current and/or former employer(s):
Are you currently a student? <input type="checkbox"/> yes, school: <input type="checkbox"/> no	Do you know how to use a computer? <input type="checkbox"/> yes <input type="checkbox"/> no
What language(s) other than English do you speak and/or write with fluency?	What special interests and/or skills do you have that may help us to match you with the best volunteer assignment?

PERSONAL REFERENCES (LIST THREE)

Name	Relationship to you	Phone number(s)
Name	Relationship to you	Phone number(s)
Name	Relationship to you	Phone number(s)

EMERGENCY CONTACT INFORMATION

Name	Home phone number
Relationship to you	Work phone number
Address	Cell phone number

PLEASE READ THE FOLLOWING AND SIGN BELOW

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Grand Rapids Public Library from any liability for supplying such information.

I understand that the Grand Rapids Public Library reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library. I also understand that I may be subject to a background check.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.

I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

Signature: _____ Date: _____

PARENT/GUARDIAN CONSENT (FOR VOLUNTEERS UNDER AGE 18)

I give my permission for the above applicant to volunteer at the Grand Rapids Public Library for a maximum of ____ hours per week.

Parent/Guardian Signature: _____ Date: _____