



301 S. University, Mt. Pleasant, Michigan 48858 ~ Ph. 989.773.3242 ~ Fax 989.772.3280 ~ www.crdl.org

## Application for Volunteer Position

Directions: Each question should be fully and accurately answered. Please print or type, *except* for the signature.

Name \_\_\_\_\_ Street Address \_\_\_\_\_

Apt/Unit # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number(s) \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

Date available for volunteer work \_\_\_\_\_

Are you interested in one-time/short-term volunteer assignments? (circle one) YES NO

Are you interested in on-going volunteer assignments? (circle one) YES NO

### Availability

HOURS	SUN	MON	TUE	WED	THU	FRI	SAT
BEGIN							
END							

Totaling \_\_\_\_\_ hours per \_\_\_\_\_ week OR \_\_\_\_\_ month

Preferred location(s) (please circle): Mt. Pleasant Rosebush Weidman Winn Blanchard Shepherd

Any physical limitations we should know about? (circle one) YES NO If yes, please briefly explain:

I am seeking this volunteer position: (check one) \_\_\_\_\_ to satisfy school/class/scholarship community service requirements OR \_\_\_\_\_ to become a regular library volunteer.

Are you age 18 or older? (circle one) YES NO If no, please list date of birth \_\_\_\_\_

If you are applying for a volunteer position which requires driving, do you possess a valid driver's license?

(circle one) YES NO If yes, what Class? \_\_\_\_\_ Please list your automobile insurance company \_\_\_\_\_ Telephone number \_\_\_\_\_

Have you ever been convicted of a crime (other than a minor traffic offense that resulted only in a fine)? (circle one) YES NO If yes, please state the crime(s) you were convicted of and explain the date, location, nature, and facts surrounding each conviction. Use an attachment sheet if necessary. \_\_\_\_\_

### Additional Skills

Examples of additional skills are: speak Spanish or other foreign language, can translate a foreign language, have received diversity training in another organization, public speaking experience, completed computer training classes, transcription experience, special training in prior volunteer experience, etc.

Training? \_\_\_\_\_

Computer? \_\_\_\_\_

Software applications? \_\_\_\_\_

Office equipment? \_\_\_\_\_

**Additional information** \_\_\_\_\_

**Education, vocational, technical, or military training information that is relevant to the position for which you are applying:** \_\_\_\_\_

**References**

Please list three people (not relatives) as references for the volunteer position for which you are applying:

Name	Address	Phone Number	Relationship

Sorry, we cannot consider your volunteer application if you do not supply the requested references.

**Applicant Statement**

I certify that all statements made in this application are true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration for the position applied for, or 2) immediately discharge me from my current position and the employer's service, whenever discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Chippewa River District Library does not unlawfully discriminate in volunteer positions and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for volunteering on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only ninety (90) days.

This application does not constitute an agreement or contract for any specified period or definite duration. If I am offered a volunteer position, I agree to provide my Social Security Number and/or Driver's License number for a background check.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Do Not Write Below Line – Administrative Use Only**

Received \_\_\_\_\_ Called \_\_\_\_\_ Orientation \_\_\_\_\_ Assignment \_\_\_\_\_



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### Emergency Contact Information

Please list two people to be notified in the event of an emergency.

Your name: \_\_\_\_\_

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

Relationship to you: \_\_\_\_\_

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

Relationship to you: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are under 18, you **MUST** have a parent's or guardian's signature.

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to volunteer at the Chippewa River District Library.

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Parent's or Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_



Take Another Look

## ***BACKGROUND INFORMATION CHECK***

It is the policy of the Chippewa River District Library to perform background checks on all employees and volunteers working for the library. Please complete the following information and return this form with your volunteer application. You will not be placed in a volunteer position until this form and the background check have been completed satisfactorily.

### **PLEASE PRINT CLEARLY**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Sex:** Female / Male **Race:** White / Black / American Indian / Hispanic / Asian or Pacific Islander

**Michigan Drivers License Number :** \_\_\_\_\_

**Please list any other names you are known by:** \_\_\_\_\_

**For Administration Use Only**

Results: P or F      Date: \_\_\_\_\_      Initials: \_\_\_\_\_