CHIPPEWA RIVER DISTRICT LIBRARY

Chippewa River District Library

www.crdl.org

VOLUNTEER APPLICATION

Personal Information

Street Address					
Apt/Unit #	City		_ State	ZIP	
Telephone numbe	r(s)	(home)			(mobile)
Email Address			Date of Birth	/	_/
Race: White Blac	ck Asian/Pacific Isl	ander American In	dian/Alaskan Na	itive Unk	nown/Other
Any physical limit	ations we should kr	now about? (circle	one) YES NO		
If yes, please brie	fly explain:				
Thank you for	vour willingnes:	s to assist your	library to bet	ter serv	e the
community!	,				
community:					
I understand that Chir	ppewa River District Libra	ary (CRDL) does not unl	awfully discriminate	in voluntee	r positions
and no duestion on th	is application is used for	the purpose of limiting	or excusing any app	licant from	consideration
		the purpose of limiting cable local, state or fede		licant from	consideration
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CHIPPEWA RIVER

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VOLUNTEER APPLICATION

Volunteer Requirements

- ☑ You must be at least 13 years of age or entering 7th grade to volunteer at the library.
- ☑ All volunteers are required to pass a background check provided by the library.
- Applicants must provide a valid e-mail address for communication purposes.
 *The library uses VolunteerSpot as our database to schedule volunteers.

If you have any questions regarding this application please contact Lisa McCartney at 989-773-3242 Ext. 212.

Volunteer P	reference	es					
Number of he	ours prefe	rred per we	eek				
Preferred loc	ation(s) (p	olease circle	e): <i>Mt. Plea</i>	asant Rosebu	ısh Winn	Blanchard	Shepherd
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time Available	į	•					•
Skills and I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		skill/intere	est that pert	tain to you. M	lark as mar	ny as are ap	plicable.
Computer Skills ☐ Inventory ☐ Minecraft Outreach Services ☐ Book Sale			Program Support ☐ Activity assistance at events ☐ Program materials prep ☐ Set up/tear down for events ☐ Photographer at events				
General Lil □ Sort/orga □ Processin	nize book	s & materia	als				
Other							

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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:	
Physician's name:	Phone:	
Hospital name:		