

**Capital Area District Library**  
**401 S. Capitol, PO Box 40719, Lansing, MI 48901-7919 • 517.367.6300**  
**Library Volunteer Application Form**

**Please print clearly and complete each section. If you are under 18 a parent's signature is required.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

E-mail \_\_\_\_\_  Preferred method of contact

Age (if under 18) \_\_\_\_\_ (Will need to provide work permit before volunteering)

Highest Level of Education: \_\_\_\_\_

Please list any skills or interests that would be applicable to volunteering:  
\_\_\_\_\_  
\_\_\_\_\_

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**Volunteer Interests - Please check all that apply. Activities may not be available at all times or at all locations.**

Libraries:  Dust Shelves  Shelve Books  Label Books  Greet People  
 Assist with Programs  Summer Reading  Garden  Outdoor Projects  
Local History/Special Collections:  Data Entry  Indexing/Filing  Displays  
 Research  Scanning  Computers

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**Locations - Please number in order of preference with 1 being your first choice.**

Haslett  Holt-Delhi  Main (Lansing)  Mason  Okemos  South Lansing  
 Local History/Special Collections

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**Volunteer Availability - Please check the times you would be available to volunteer below. (Hours vary according to library site.)**

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
9am - 12 Noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Noon - 5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5pm - 9pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours do you wish to work each month \_\_\_\_\_?

I will be available to volunteer beginning Date: \_\_\_\_\_

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**References - Please list three references with phone numbers and e-mail. Use "Relationship" to indicate how you know each reference. Employment, school, previous volunteer references preferred.**

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

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship: \_\_\_\_\_

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**Person to contact in the event of any emergency:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

E-mail \_\_\_\_\_

I hereby authorize the company listed above to release my employment data, including information regarding my attendance and performance of job duties, to a Capital Area District Library representative. I understand that this information will be kept in strict confidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Please sign below when you have read and understood all statements on both pages.**

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 Capital Area District Library from any liability for supplying such information.

I understand that the Capital Area District 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 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if the applicant is under age 18.)