



Capital Area District Libraries

Current Volunteer Opportunities

LOCATION	DUTIES	TIME of EVENT
Holt	Cleaning and dusting shelves on Wiping DVD cases on Summer Reading Programs help	Wed. 5 – 9 pm and Fri. 4 – 7 pm Sat. 11 am – 2 pm Mon. 3:45 pm – 5 pm Fri. 3:30 pm – 4:30 pm Monday, Aug 15 th 6 - 8pm
Lansing	Summer Reading sign ups and prize give away	Tuesday afternoons and Thursday mornings and afternoons during the summer
Outreach – Local History	Organize archival material, digitize historical items	Hours are flexible and can be arranged with the Local History Librarian
Mason	Shelf reading, straightening and cleaning Signing up and doing prizes for Summer Reading program Craft prep, party help, decorating and cleaning up	Hours are flexible Summer Reading help in the summer and then May, September and October programs (times TBD)
South Lansing	Cleaning projects, cleaning and straightening materials on the shelf	Monday – Friday from 12-3 pm (2-hour shifts)
Williamston	VolunTEEN program – prizes, pictures, shelving books, clean up, setting up and moving chairs Door greeter	Wednesdays of Summer Reading program 10 am – 12 pm Saturdays of Summer Reading program 12-2 pm Other Summer Reading programs as needed
Book Burrow- Lansing	Run the cash register, sort books and shelve titles.	Three-hour shifts/once a week Th 11 am – 2 pm or 4-7 pm Fr 11 am – 2 pm Sat 11 am – 2 pm and 1-3 pm
The BOOKEND – Haslett	Volunteers needed to sort, date, shelve books and assist customers	Two-hour shifts Hours open: M, T, W, F 12-2 pm & 2-4 pm Th 12-2 pm, 2-4 pm, & 4-6 pm Sat 12 – 2 pm

If you are interested and would like to be considered for the opportunities listed above, please complete the information below and a volunteer application on our website (www.cadl.org) and return it to the HR Department of Capital Area District Libraries.

Name: _____ (please print)

I am interested in volunteering at _____ (LOCATION).

I would be willing to _____ (DUTIES).

I can work the date/time listed _____.

Please complete the volunteer application and attached it to this sheet. Thank you for your interest.

Capital Area District Libraries
401 S. Capitol, Lansing, MI 48901-7919 • 517.367.6338
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 _____ ZipCode _____

Phone (H) _____ Phone (W) _____

E-mail _____

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

Highest Level of Education: _____

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

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: _____

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 Libraries representative. I understand that this information will be kept in strict confidence.

Signature

Date

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 Libraries from any liability for supplying such information.

I understand that the Capital Area District Libraries 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: _____

**Capital Area District Libraries
Volunteer Application Waiver**

I, _____, acknowledge and understand Capital Area District Libraries may investigate my employment background, criminal history, driving record, personal background, educational background, credit background, and references to evaluate my qualifications for a volunteer position.

In connection with my application to volunteer at the Capital Area District Libraries, I authorize any party, previous employer, or agency contacted by Capital Area District Library to furnish:

- 1) A full consumer credit report that complied with the Fair Credit Reporting Act of 1970 and the Consumer Credit Reporting Reform Act of 1996;
- 2) Information pertaining to my criminal background including information regarding any convictions, but excluding misdemeanor arrests, detentions, or dispositions where a conviction did not result pursuant to MCL 37.2205(a)(1). I fully understand that an arrest or conviction cannot be the sole determining factor for exclusion from volunteering but may be considered with the entirety of my application for volunteering.
- 3) Any information regarding my educational background as indicated on my application for volunteering.
- 4) Any information regarding my driving record, excluding personal information as defined by the Secretary of State's Office.
- 5) Any information regarding my employment records and history as indicated on my application for volunteering.

I understand that I have the right to make the request of Capital Area District Libraries, for the information in its files on me at the time of my request.

Name _____
(last) (first) (middle)

M ___ F ___

Street Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

To be completed by Human Resources

Date of Birth _____

Drivers/Operators License State _____

Drivers/Operators License Number _____

(only necessary if position requires operation of Library vehicles)

(Required if the applicant is under age 18.)