

VOLUNTEER APPLICATION

Volunteer openings may vary based on the needs of the Library. Submitting an application does not guarantee placement as a volunteer.

Name:	Date:	
Address:		
City, State, Zip		
Phone (Home)	Phone (Cell)	
Email:		
Parent / Guardian Signature (if under 18 years of age)		
Email	Phone	
Person to Notify in Case of Emergency:	Phone:	
I am seeking this volunteer position to: Become a regular volunteer Satisfy school requirement Other		
School Requirement & Court Ordered Date you need to have your hours accumulated by: Number of hour's needed		
Days available (please circle) Mon T	ues Wed Thurs Fri Sat Sun	
Time available (please circle) Mornin	g Afternoons Evenings	

Youth program prep/assistance	Adult Special Events	
Adult program prep/assistance	Used Book Sale (Friends of the Library)	
Youth/Teen Special Events	Donated book sorter (Friends of the Library)	
How did you hear about our volunteer program?		
Applicant's Signature:	Date:	
	Date: he latest news and programs the library has to offer! or any other purpose than library communication*	
Please keep me up to date on the *Your information will not be used for Thank you for your interest in volunteeritime completing this application is great	he latest news and programs the library has to offer!	

Mailed to: Volunteer Coordinator Clarkston Independence District Library 6495 Clarkston Road Clarkston, MI 48346-1501

(OFFICE USE ONLY
	Date received:
	Date contacted: phone email
	Comments:
	Start Date: