



CLARKSTON INDEPENDENCE DISTRICT LIBRARY

Innovate. Enrich. Educate.

# 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

Fulfill court ordered community service

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      Tues      Wed      Thurs      Fri      Sat      Sun

Time available (please circle)      Morning      Afternoons      Evenings

To help us match you with the best volunteer experience please mark the tasks you are interested in

- |  |   |
|--|---|
| <input type="checkbox"/> Youth program prep/assistance | <input type="checkbox"/> Adult Special Events                         |
| <input type="checkbox"/> Adult program prep/assistance | <input type="checkbox"/> Used Book Sale (Friends of the Library)      |
| <input type="checkbox"/> Youth/Teen Special Events     | <input type="checkbox"/> Donated book sorter (Friends of the Library) |

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How did you hear about our volunteer program? \_\_\_\_\_

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

- Please keep me up to date on the latest news and programs the library has to offer!  
\*Your information will not be used for any other purpose than library communication\*

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Thank you for your interest in volunteering with the Clarkston Independence District Library. Your time completing this application is greatly appreciated. Applications can be emailed, mailed, or delivered in person to the Circulation Desk. Our Volunteer Coordinator will contact you soon!

Email: [WALBRIDGEK@CIDLIBRARY.ORG](mailto:WALBRIDGEK@CIDLIBRARY.ORG)

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

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OFFICE USE ONLY

Date received:

Date contacted:  phone      email

Comments:

Start Date: