



VOLUNTEER APPLICATION

Please print legibly:

NAME _____ DATE _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (Zip)

PHONE (Daytime) _____ PHONE (Evening) _____

E-MAIL ADDRESS _____

EDUCATION _____

If you are a student, please complete the following:

School: _____ Grade _____
Age (if under 18) _____
*Community Service fulfillment for school: ____ Yes ____ No
If yes, number of hours needed _____ Date must be completed _____
*Students from Dearborn schools only; Must have counselor's signature.

WORK EXPERIENCE _____

COMPUTER SKILLS None Some Proficient
Please describe your software and/or hardware skills, if any: _____

REFERENCES (Please provide the name of a professional, educational or character reference)

Name _____ Relationship _____

Phone _____ Email _____

VOLUNTEER EXPERIENCE _____

ARE THERE ANY PHYSICAL LIMITATIONS THAT WOULD RESTRICT YOUR VOLUNTEER ACTIVITIES? _____

WHY ARE YOU INTERESTED IN VOLUNTEERING AT THE LIBRARY?

INDICATE WHICH JOBS ARE OF MOST INTEREST TO YOU

- Putting shelves in order (alphabetically or by Dewey classification)
- Re-shelving returned library material
- Assisting library patrons using the public computers (must be software and internet proficient)
- Helping with children's programs
- Assist with Home-school groups
- Cleaning, re-jacketing library books
- Assist with sorting donated materials
- Check audio visual material for damage
- Assist with trace reports (requires checking the shelves for missing material)
- Clean computers - screens and keyboards

Volunteer Orientation Video: I have viewed the Volunteer Orientation DVD or video link from the Dearborn Public Library Homepage and accept the policies and provisions set forth in the volunteer orientation presentation. Check the appropriate box below.

I accept

I decline

VOLUNTEER AGREEMENT (Agreement is not finalized until signature is present)

My signature certifies that the information provided above is accurate and authorizes the Dearborn Public Library to verify any of the information and secure information from personal references. I understand that as a volunteer I am not entitled to monetary compensation for the work that I perform or be entitled to worker's compensation or group benefits in the event of injury. The Dearborn Public Library reserves the right to evaluate volunteer performance and the right to terminate services should responsibilities not be fulfilled satisfactorily.

Date _____

Print Name _____

Signature _____

Signature of parent or guardian _____
(Required if applicant is under age 18)

Print Name of Parent/Guardian _____

For Dearborn School Community Service

Print Counselor's Name _____

Counselor's Phone Number _____

Signature of Counselor _____

Date _____

The Dearborn Public Library cannot accommodate all volunteer requests. Volunteer opportunities are available on a limited basis.

After you submit your application, please allow 3 weeks for processing. You will be contacted by a volunteer coordinator. Please make sure you contact information is legible.

Court ordered community service volunteers cannot be accepted.