



VOLUNTEER APPLICATION

Name _____ Date _____
(Last) (First) (Middle)

Address _____

Phone: Home _____ Business _____ School _____
(Grade)

Previous volunteer work experience _____

To help us match you with the best volunteer experience, please PRINT a short paragraph stating why you wish to volunteer at the Baldwin Public Library and note any special skills and interests.

Are there any physical limitations that would restrict activities? _____

Days available (Please circle) Sun Mon Tues Wed Thurs Fri Sat

Times available (Please circle) Mornings Afternoons Evenings

How soon can you start? _____

Is there a date you need to have your hours accumulate by? _____

How many hours? _____

Emergency contact person _____

Phone _____

(over)

PLEASE CHECK THE FOLLOWING JOBS THAT INTEREST YOU

_____ Shelving books

_____ Shelf reading

_____ Mending damaged materials

_____ Processing new and withdrawn books

_____ Assisting with library mailings, word processing, filing, etc.

_____ Creating posters and signs

_____ Gardening: planting, weeding, pruning, etc.

Other: _____

Summer volunteering for students:

_____ Summer Reading: Baldwin Enthusiasts (ages 14 & up)

_____ Summer Reading: Baldwin Boosters (ages 11-14)

*If you wish to volunteer in Youth Services, please list this additional information:

Yes, I am willing to have a background check. _____

No, I have never been convicted of, nor am I presently under indictment for any crime against children _____

Social Security number needed for adults volunteering with children: _____

Driver's license # _____

I agree not to hold the Baldwin Public Library liable if I am injured while performing volunteer activities.

Signed _____

Your time in completing this application is greatly appreciated. Please feel free to call the Business Office at 248 647-7339 or by email josh.rouan@baldwinlib.org if you have any questions.