



ADULT VOLUNTEER APPLICATION

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

Address _____

Phone: Home _____ Business _____ School _____
(Grade)

Email: _____

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? _____

Date you need to have your hours accumulate by: _____

Number of hours needed _____

Emergency contact person _____

Phone _____

PLEASE CHECK THE FOLLOWING JOBS THAT INTEREST YOU

_____ Shelving books

_____ Shelf reading

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

_____ Creating posters and signs

_____ Gardening: planting, weeding, pruning, etc.

Other: _____

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

I am willing to have a background check: Yes No

I have never been convicted of, nor am I presently under indictment for any crime against children

Date of Birth (MONTH/DAY/YEAR): _____

Social Security Number for adults volunteering with children: _____

Driver's license (INCLUDE STATE AND NUMBER) _____

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 email paul.gilllin@baldwinlib.org if you have any questions.