



Jackson District Library

Volunteer Application

You must be at least 14 years of age to volunteer at Jackson District Library. Completed application can be dropped off at any JDL branch location or emailed to wayned@myjdl.com

(Managers, please send completed applications to the Human Resources Department)

Date:

Name:

Address:

Phone:

Email:

I am (circle all that apply): High School Student College Student Adult

I am seeking this volunteer position to:

- Become a regular volunteer
- Satisfy school/class/scholarship Community Service requirements
- Fulfill court-ordered Community Service
- Other (please explain) _____

Do you have a specific number of hours to fill? Yes No #of Hours _____

Do you have a deadline for completion? Yes No Date _____

Do you have any physical or health restrictions? Yes No If yes, please specify _____

The area(s) in which I have experience and/or would like to volunteer my time:

- General work/clerical
- Book Sales
- Library events
- Housekeeping/maintenance
- Other (please specify) _____

I am available: (From what time to what time)

Mon _____	Thurs _____	Sun _____
Tues _____	Fri _____	
Wed _____	Sat _____	

Branch location(s) I am interested in volunteering at:

Administration_____

Grass Lake_____

Parma_____

Brooklyn_____

Hanover_____

Spring Arbor_____

Carnegie_____

Henrietta_____

Springport_____

Concord_____

Meijer_____

Summit_____

Eastern_____

Napoleon_____

Please tell us about any other volunteer experience, special skills, or interests you have that would especially suit you for volunteering at JDL_____

Signature: _____ **Date:** _____

Parent/Guardian consent for volunteers under 18 years of age;

I give permission for the above applicant to volunteer at the Jackson District Library for a maximum of _____ hours per week. If you need to reach me my number is: _____

Parent/Guardian Signature: _____ **Date:** _____

Applicants 18 years or older please complete the following information



AUTHORIZATION TO OBTAIN CONSUMER REPORT

I authorize Jackson District Library to order a Criminal background check/Consumer Report containing information about me from a consumer reporting agency as part of the Jackson District Library's investigation into my volunteer application. I understand that, if selected to be a volunteer, this authorization shall remain on file.

Print APPLICANT'S NAME (First, Middle, Last)

Previous Last Name(s)

Address

City, State, Zip Code

Phone Number

Date of Birth

Driver's License # / State ID

I verify that the above information is accurate to the best of my knowledge. I give Jackson District Library permission to inquire into my educational background, references, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to Jackson District Library.

I hold Jackson District Library harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the about-named agency. I understand that Jackson District Library will use this information only as part of its verification of my volunteer application.

Signature of Applicant

Date