Jackson District Library

290 W. Michigan Ave., Jackson, MI, 49201 Send completed form to wayned@myjdl.com

Volunteer Application

To Applicant: We deeply appreciate your interest in our organization. A clear understanding of your background and work history will aid us in placing you in a volunteer position that we feel best meets your qualifications and interests. You must be at least 14 years of age to work at the library as a volunteer.

Date: _____ Telephone: ( ) _____

Name: _____
Last First

Address: _____
No. Street City State Zip

If your application is considered favorably, on what date will you be available to start?_____

Please list any experiences, skills, or qualifications which you feel would especially suit you for work with the Library. _____

_____

_____

Our policy requires us to request personal references as well as business references for all persons applying to volunteer for the library. Please list your references below.

Name of Personal Reference	Address	Phone

Name and Address of Company	From		To		Job Title:
	Mo.	Yr.	Mo.	Yr.	Describe the work you did
Telephone					

Please complete and sign back of form.

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Have you been convicted of a felony in the past seven (7) years? Yes ☐ No ☐

If yes, please explain._____

A Conviction Record will not necessarily prevent placement in a volunteer position.

The facts set forth in this application are true and complete. I understand that if placed, any false statement on this application may result in my dismissal. I give Jackson District Library the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability Jackson District Library and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information. I further understand that this application is not and is not intended to be a contract. I represent and warrant that I have read and fully understand the foregoing and seek placement in a volunteer position under these conditions.

Signature_____ Date _____

Parent/Guardian Consent (for volunteers under age 18)

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 phone number is _____.

Parent/Guardian _____ Date _____

Please let us know which branches you would be interested in working for by checking all that apply.

<u>Eastern Part of Jackson County</u>

☐Brooklyn ☐Napoleon ☐Grass Lake
☐Eastern ☐Henrietta

<u>Western Part of Jackson County</u>

☐Meijer ☐Hanover ☐Parma
☐Concord ☐Spring Arbor ☐Springport

<u>Downtown Area</u>

☐ Administration ☐Carnegie ☐Summit