

*Return to Administrative Receptionist when completed.*

Ypsilanti District Library  
5577 Whittaker Road  
Ypsilanti, MI 48197  
(734) 482-4110 x1371

## *Volunteer Application*

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency Number \_\_\_\_\_

Birthdate \_\_\_\_\_

Applicant Signature \_\_\_\_\_

List any physical limitations you have that we should consider when matching you with volunteer tasks

\_\_\_\_\_  
\_\_\_\_\_

### *Other Volunteer Experiences*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *Employment History*

Current \_\_\_\_\_

\_\_\_\_\_

## ***Volunteer Job Assignment\****

Mark which days you are available:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

What times are you available? \_\_\_\_\_

When can you start? \_\_\_\_\_

What are some of your hobbies or special interests or skills? \_\_\_\_\_

Check the jobs below that interest you:

- Straighten book shelves and check book order
- Keeping the library's grounds tidy (e.g. watering flowers, picking up paper, etc.)
- Serve as a Customer Service Desk greeter
- Assist with library programs (e.g. cutting, gluing, setting out snacks, etc.)
- Help the Friends group with book sorting, used book sales, or work in the Friends Shop (contact volunteer coordinator at 482-4110 ext. 1368)
- Other as needed

\*\*Reason for choosing to volunteer here? \_\_\_\_\_

\*\*Do you need proof of your service here? Yes  No

\*\*Number of Hours \_\_\_\_\_ \*\*Date to be completed \_\_\_\_\_

\*\*Location: \_\_\_Whittaker Road \_\_\_Michigan Avenue \_\_\_Superior

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*\*The Ypsilanti District Library reserves the right to not accept applicants for volunteer service or to request a volunteer to discontinue their volunteer assignment.*

*\*\*Court-ordered volunteers are not accepted at the Ypsilanti District Library.*

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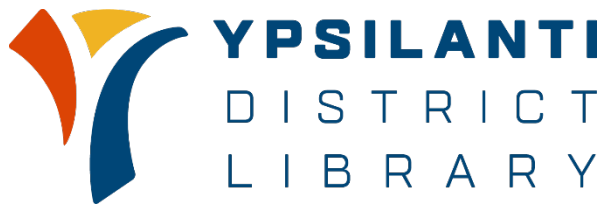
### ***For Staff Only***

Application Received \_\_\_\_\_ Volunteer Interviewed \_\_\_\_\_

Volunteer Placement/Department \_\_\_\_\_

Beginning Date \_\_\_\_\_ Volunteer Orientation \_\_\_\_\_

Comments \_\_\_\_\_



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## LIABILITY RELEASE

TO WHOM IT MAY CONCERN:

As an applicant for employment with the Ypsilanti District Library, I understand that a thorough background investigation will be conducted to qualify for eligibility.

"I hereby authorize the custodian of any information related to my previous employment, driving record, education, residence criminal convictions, credit standing, or character, to release said information to the person or agency identified herein, unless restricted by law. This authorization is made voluntarily, for the purpose of employment only. Upon receipt of this document, please release information directly related to the categories shown, and to which you have direct knowledge or documented evidence. I agree to hold harmless any individual or agency involved with the authorized release of legitimate information. Thank you for your cooperation.

**According to the Fair Credit Reporting Act (Law 91-508) SS 603, 604, and 606, as revised October 1997:** A person may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer that an investigative consumer report including information as to character, general reputation, personal characteristics, mode of living and employment history, whichever are applicable, may be made. "I also understand that if I am denied employment because of the consumer investigation, it is my right to have a copy of said report(s) released to me within the time allowed through the agency(s) disclosed to me if I submit a written request to said agency(s) within a reasonable period of time. I further understand that if I am offered a position, this is a conditional offer pending the outcome of the consumer investigation. If the institution is required to conduct interviews with former employers or acquaintances of mine, the institution must notify me of the inquiry, or notify me with in three days of the request."

*Authorized by:*

Full Name, print or type	Former names used
Current Address, City State, Zip	
Telephone Number	Date of Birth
Social Security Number	Driver's License #, State of Issue
Applicant Signature	
Date	

*This form should be attached to every application, and mailed or faxed to former employers or others with information pertinent to the applicant's eligibility.*