YDL Volunteer Application

Submit your completed application by email or in person at any YDL branch.
Questions? Contact your Volunteer Coordinator.

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Preferred Contact Method

☐ Email: _____

☐ Phone: _____

☐ Text: _____

Emergency Contact: _____ Phone: _____

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____

When can you start? _____

Preferred location(s): ☐ Whittaker ☐ Michigan Ave ☐ Superior ☐ Any

What days are you typically available to volunteer?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Sat ☐ Sun

What times work best for you?

☐ Mornings (before noon) ☐ Afternoons (12-5pm) ☐ Evenings (After 5pm)

What areas interest you? (Check all that apply.)

☐ **Working directly with people** (greeting patrons, answering questions, providing directions, assisting patrons)

☐ **Working with library collections** (shelving, organizing, book maintenance, book displays)

☐ **Outdoor work** (community gardens, grounds maintenance, weeding)

☐ **Indoor maintenance** (dusting, cleaning, organizing)

☐ **Youth programs** (tutoring, reading buddies, activity prep, supervising play areas)

☐ **Event assistance** (setup, cleanup, activity support, seasonal programs)

☐ **Behind-the-scenes tasks** (craft prep, office support, welcome packets, book repair)

☐ **Tech support** (computer help, digitization, archiving projects)

☐ **I'm flexible—whatever the library needs!**

☐ **Other:** _____

Why are you interested in volunteering at YDL?

_____

_____

Is there a specific program, service, or area at YDL you're hoping to support?

_____

Do you need documentation of your volunteer hours? (for school credit, scholarships, programs, etc.)

☐ **Yes** ☐ **No**

Deadline (if applicable): _____

How many hours per week are you hoping to volunteer?

☐ 1-2 hours/week ☐ 3-5 hours/week ☐ 6-10 hours/week

☐ Flexible/as needed

Do you have any relevant skills, experience, or hobbies (including languages spoken, tech skills, or relevant experience) you'd like us to know about?

_____

_____

Is there anything we should know about accessibility needs or accommodations that would help you volunteer comfortably?

_____

_____

How did you find out about our volunteer program?

☐ YDL website ☐ Staff recommendation ☐ School/teacher

☐ Friend or family ☐ Social media ☐ Flyer or signage in the library

☐ Other: _____

I understand that submitting a volunteer application does not guarantee placement. Applications are reviewed on an ongoing basis and not all applicants will be matched with a volunteer assignment.

☐ Yes

Optional: I give permission for Ypsilanti District Library to use photos or videos taken during my volunteer activities for promotional purposes, including social media and library publications.

☐ Yes

BACKGROUND CHECK AUTHORIZATION AND RELEASE
I understand that a background check will be conducted as part of the volunteer application process.

I authorize

- Ypsilanti District Library and its representatives to conduct a background investigation, which may include verification of my employment history, education, criminal record, driving record, and other relevant information.

I understand

- This authorization is voluntary and required for volunteer placement.
- If my volunteer application is denied based on information in the background check, I have the right to receive a copy of the report and dispute any inaccurate information.
- Any volunteer position offered is conditional pending results of the background check.
- I hold harmless any individual or organization that provides information in good faith for this background check.

Applicant information:

Full name _____ Former names used _____

Current address_____

City _____ State ____ Zip _____

Phone number _____ Date of birth _____

Driver's License # _____ State _____

Applicant signature _____Date _____