

Coopersville Area District Library
333 Ottawa Street, Coopersville MI 49404 – 616-837-6809
Library Application Form

Please print clearly and complete each section. If you are under 18 a parent's signature is required.

Name _____ Date _____

Address
Street _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____

Email _____

Age If under 18 _____ Will need to provide a work permit before volunteering.

Highest Level of Education: _____

Please list any skills or interests that would be applicable to volunteering.

Would you be interested/able to deliver books and materials to the homebound? _____

Volunteer Interests – Please check all that apply.

Assist with Programs _____ Summer Reading (when applicable) _____
Garden _____ Outdoor Projects _____ Book Processing _____
Shelf Reading/Dust Shelves _____

Volunteer Availability- Please check the time you would be available to volunteer below.

	Mon	Thurs.		
12 noon – 2 pm	___	___		
2 pm – 4 pm	___	___		
4 pm – 6 pm	___	___		
6 pm – 8 pm	___	___		
	Tues.	Wed.	Fri.	
10 am – 12 pm	___	___	___	
12 pm – 2 pm	___	___	___	
2 pm – 4 pm	___	___	___	

How many hours do you wish to work each week _____? Or month _____?

I will be available to volunteer beginning _____.

References – Please list three references with phone numbers and e-mail. Use “Relationship” to indicate how you know each reference. Employment, school, previous volunteer references preferred.

Name: _____

Phone _____ e-mail _____

Relationship _____

Name: _____

Phone _____ e-mail _____

Relationship _____

Name: _____

Phone _____ e-mail _____

Relationship _____

Person to contact in the event of any emergency:

Name _____

Relationship _____

Address _____

Phone _____

I certify that the information in this application is accurate to the best of my knowledge. I also understand **that all volunteer positions with Coopersville Area District Library will require a Michigan State Criminal History Check.**

Confidentiality Statement: I understand that in the course of my work as a volunteer I may have access to personal information about library users, including their requests for information and records of materials they may have borrowed. I hereby agree to hold such information in complete confidence and to access it only in the course of performing my volunteer assignment.

Signature of Applicant _____ Date _____

Parent/Guardian signature _____ Date _____

(Required if the applicant is under age 18.)