

Clinton Township Public Library Volunteer Application

Please complete the following information to the best of your ability.

Personal Information

Name:

List any former legal names:

What do you prefer to be called?

Age:

Street Address:

City, State, Zip Code

Cell Phone Number:

Home Phone Number:

Email:

Student? If yes, current grade:

Are there any physical limitations or other considerations that you would like our staff to be aware of?

Parent/Guardian Information for Minors

Name:

Phone:

Email:

Person to Notify in Case of Emergency

Name:

Relationship:

Phone Number(s):

Availability

Best time to contact you?

Date available to start:

Would you like to volunteer on a regularly scheduled basis?

Would you like to volunteer with special or short-term projects and events?

Days and hours available:

Interests

Why would you like to volunteer at the Clinton Township Public Library?

Are you required to participate in a volunteer program? If so, why?

What are you interested in volunteering with? Check all that apply

Behind the scenes

Directly with patrons

With youth

With grounds or facilities (gardening, organizing projects, etc.)

Crafts or specific programs

Technology tutoring and skills sessions

General circulation and day-to-day duties

Library projects as needed

Other (please specify):

Relevant Experience

Summarize any relevant work, volunteer, or educational experiences.

Skills & Qualifications

Summarize any skills, qualifications, or certifications that you have gained through any of the experience listed above, extracurricular, hobbies, or any other activities.

Additional Information

Please list any additional questions or comments or anything else you would like to share.

Agreement

By signing and submitting this application, I confirm that all of the information provided is true. I acknowledge having reviewed and accept all requirements and expectations included in the Volunteer Policy. I agree to abide by all Library policies and conduct expectations.

Name (printed):

Signature:

Date:

Parental Agreement for Minors

Name (printed):

Signature:

Date:

Thank you for completing this form and your interest in volunteering!

For more information on volunteering and other opportunities at the Library, please contact:

Emma Rose Conway, Library Director

(815) 264-3339 or director@ctplibrary.org