

Volunteer Program

Thank you for your interest in volunteer service for the Bridgman Public Library. Information contained in this form will be used to match your interests and abilities with available library volunteer opportunities. The Bridgman Library offers positions for adults and teens, aged 14 and over. There are options for events, short-term projects and regular weekly positions. We invite you to take a few moments to look through the choices described in this application. If there is some way that you feel you can contribute that was not mentioned, please feel free to include it.

Because everyone working in the library environment has close contact with children of all ages, all library volunteers are required to pass a background check conducted through the Bridgman Police Department. The information you provide in this application will be kept confidential.

Application

Please complete the application and mail it to: **Volunteer Coordinator, Bridgman Public Library, 4460 Lake Street, Bridgman, MI 49106.** .

PLEASE PRINT

Name _____ Date _____
Last First Middle Initial
Address _____
Street City Zip Code
Home Phone _____ Work Phone _____ E-mail _____
Library Card Number _____

____ I am at least 18 years of age
____ I am under 18 years of age, please provide Month and Year of Birth ____/____

Education (if still in school) Highest grade completed _____

Emergency contact person _____ Relationship _____ Phone _____

Is this community service? ____ No ____ Yes ____ Court Ordered ____ Other

Do you have any previous library experience, volunteer or salaried? ____ Yes ____ No
If yes, please describe:

Describe the skills, education, interests or training you would like to use as a volunteer:

Are you hoping to fulfill an educational requirement? ____ Yes ____ No

If yes, please describe:

Do you have insurance? (Check all that apply) ___Medical ___Accident ___Auto

My volunteer position preferences include:

___Events ___Short-term Projects ___Regular commitment

How many hours can you give? (Average: 2-3 hours/week) ___Weekly ___Monthly

When would you prefer to volunteer? (Check all that apply)

Weekdays: ___Morning ___Afternoon ___Evening

Weekends: ___Morning ___Afternoon

List any foreign languages you know (include sign language): _____

How did you hear about us? _____

Please list two references (not family members):

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

The following is a brief description of some of the volunteer opportunities offered at the Bridgman Public Library. Training is provided for all volunteer positions. Please put a check mark next to any of the areas that you would be interested in.

- | | |
|---|------------------------------------|
| ___ Shelve books/library materials | ___ Read/organize book shelves |
| ___ Assist with craft preparation | ___ Carry out onetime projects |
| ___ General clerical assistance | ___ Clean library materials |
| ___ General cleaning | ___ Assist in the Community Garden |
| ___ Non-English speaking assistance | ___ Bilingual story reading |
| ___ After-school tutoring | ___ Grant writing |
| ___ Assist at receptions and events | ___ Distribute fliers/newsletters |
| ___ Assist with children's programming | |
| ___ Deliver books and library materials to the homebound/nursing homes | |
| ___ Work on library grounds (weeding, picking up debris, raking leaves) | |
| ___ Work in community garden | |

OTHER

If you have skills or interests not listed on this application, please feel free to discuss them with us in your personal interview. Let us know what you may be interested in.

Please sign below when you have read and understand this statement.

If this application is not completely filled out, you may not be considered for volunteer service with our library. Placements are made on the availability, skills and interests of the potential volunteer and the needs of the library. Applications are kept on file for one year.

I grant the library permission to obtain information from references, which I have approved. I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that misrepresentation of any information may result in termination of my volunteer involvement.

I am volunteering my time for personal reasons. I understand that I will not be paid for my services as a volunteer and expect no compensation.

Applicant's signature _____ Date _____

If I am between 14 and 17 years of age I can only be considered as a special project volunteer who serves the Library on "an occasional" basis for special events, projects or library functions.

My son or daughter has my permission to serve as a special project volunteer at the Bridgman Public Library. I understand that he/she participates on "an occasional" basis for special events, projects or library functions.

Parent/Guardian's signature _____ Date _____
(Required if applicant is under 18 years of age)

OFFICE USE ONLY: Placement _____ Date _____