

# 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 13 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 \_\_\_\_\_

<input type="checkbox"/> I am at least 18 years of age
<input type="checkbox"/> 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:

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Are you hoping to fulfill an educational requirement?  Yes  No

If yes, please describe:

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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

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.

<input type="checkbox"/> Shelve books/library materials	<input type="checkbox"/> Read/organize book shelves
<input type="checkbox"/> Assist with craft preparation	<input type="checkbox"/> Carry out one-time projects
<input type="checkbox"/> Clean library shelves & materials	<input type="checkbox"/> Assist with children's programming

**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.

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**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 you are between 13 and 17 years of age, please have a parent/guardian sign below.
<b>My son or daughter has my permission to serve as a volunteer at the Bridgman Public Library.</b>
Parent/Guardian's signature _____ Date _____ (Required if applicant is under 18 years of age)

OFFICE USE ONLY: Placement \_\_\_\_\_ Date \_\_\_\_\_