Volunteer Application

Volunteer positions are available, as projects arise, with preference given to residents of Bloomfield Township.

Last Name: ___________________________ First Name: ___________________________

Home Phone #: ________________________ Cell Phone #: ____________________________

E-mail Address: ________________________________________________________________

Address/City: _____________________________ Zip Code: __________

I want to volunteer because…
☐ I need _____ volunteer hours as a school requirement to be completed by __________ (date)
☐ I have to do community service for the court. I need _____ hours completed by ______ (date)
☐ I am working on a Scout badge.
☐ Other: ________________________________________________________________

These are the hours I am available to volunteer:

<table>
<thead>
<tr>
<th>Days of the week</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
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<tbody>
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<td>Monday</td>
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<td>Tuesday</td>
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<td>Wednesday</td>
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<td>Saturday</td>
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<td>Library closes at 5:30pm</td>
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<td>Sunday</td>
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<td>Library closes at 5:30pm</td>
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</tbody>
</table>

Possible Assignments – (Check as many as interest you):
☐ Friends of the Library Book Donations- Sorting/Pricing – Wednesday mornings
☐ Friends of the Library Book Sale Assistance
☐ Local History Digitizing
☐ Library Shop Clerk
☐ Please provide birth date & driver’s license number for background check:

☐ Shelving/searching library materials
☐ Indoor or outdoor cleaning
☐ Hospitality (greeting, helping with special events)
☐ Library Program Assistance
☐ Other (Please elaborate): ______________________________________________________

PLEASE TURN OVER
Education:
Presently attending: _____________________________ Grade: ____________
Graduated from: ________________________________ Year: ________________
College or other training:

Work/Volunteer Experience:
Employer: ______________________________________ Dates of Employment: __________
Duties: ____________________________________________
Past Volunteer Experience:
___________________________________________________________

Skills (Computer, crafts, or others):
______________________________________________________________
______________________________________________________________

Authorization to Release Information
We appreciate your interest in volunteer opportunities with Bloomfield Township Public Library. As part of our normal procedure, we may perform a routine inquiry into your background based on the information you have provided us. Please read the following statement carefully and indicate your agreement by signing below.

To Whom It May Concern:
I hereby authorize Bloomfield Township Public Library or other authorized representatives of the Employer, within one (1) year from the date hereof, to obtain any information in your files pertaining to my employment, law enforcement record, or educational records, including, but not limited to, academic, achievement, attendance, criminal, personal history and disciplinary records. I hereby direct you to release such information upon request of BTPL or its authorized representative. I hereby release BTPL and any authorized representative, as the custodian of such records, and any school, college, university, or other educational institution; law enforcement agency; or other business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages whatsoever, which may at any time result to me, my heirs, or associates because of BTPL’s request for and/or review of records described in this Authorization to Release Information. Should there be any questions as to the validity of this Release, you may contact me.

Dated: _______________________

____________________________
Full Name- Signature

____________________________
Full Name- Print or Type

June 2017