



Bloomfield Township Public
Library

Application Date _____
Test Results and initialed _____

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: _____

Street _____ 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:

Days of the week	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			Library closes at 6:30pm
Saturday			Library closes at 5:30pm
Sunday	Library opens at 12		Library closes at 5:30pm

Possible Assignments – (Check as many as interest you):

- Friends of the Library Book Donations- Sorting (not Wednesdays)
 - Friends of the Library Book Sale Assistance-set up and tear down on 2nd Saturday Sale
 - Local History Digitizing
 - Library Shop Clerk
- Please provide birth date & driver's license number for background check:

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- 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 many 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