



# PONTIAC PUBLIC LIBRARY VOLUNTEER APPLICATION FORM

## General Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Employer: \_\_\_\_\_

Have you ever been convicted of or do you have felony charges pending against you?  Yes  No

If yes please complete:

<u>Date:</u>	<u>Offense:</u>	<u>Place:</u>	<u>Disposition:</u>

## Area of Interest:

Work: Desk/Shelving: \_\_\_\_\_ Programs/Events: \_\_\_\_\_ Special Projects: \_\_\_\_\_

## Availability:

DAY                                      A.M.                                      P.M.                                      EVENING

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

## Hobbies, interests, skills, education or volunteer experience:

\_\_\_\_\_

\_\_\_\_\_

## Reasons for volunteering:

\_\_\_\_\_

*In case of illness or accident, please contact:*



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Name: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Relationship: \_\_\_\_\_

*All volunteers under the age of 18 must have this portion completed by a parent or guardian, along with the Minor Volunteer Emergency Release Form.*

My child \_\_\_\_\_ has permission to volunteer at the Pontiac Public Library. (Name)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Phone

*Please return this form along with the Emergency Minor Release form to the Pontiac Public Library or mail it to the address below. If you have any questions or for further information please call 248-758-3942 or email: [pont@tlh.lib.mi.us](mailto:pont@tlh.lib.mi.us)*

Pontiac Public Library.  
Attn: Outreach Librarian  
60 East Pike Street  
Pontiac, MI 48342

Office Use Only:

Interview Date: \_\_\_\_\_

Librarian Notified: \_\_\_\_\_

Acceptance: \_\_\_\_\_

Assignment: \_\_\_\_\_

Training Date: \_\_\_\_\_