

GENESEE DISTRICT 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:

Date	Offense	Place	Disposition

Area of Interest:

Branch(s): _____

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:

Name: _____

Telephone: (Home) _____ (Work) _____

Relationship: _____

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

My child _____ has permission to volunteer
(name)
at the Genesee District Library.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Telephone

Please return this form along with the Minor Emergency Release Form to your nearest Genesee District Library branch or mail it to the address below. If you have any questions, or for further information, please call 810-732-5570 or e-mail at: hgill@thegd.org.

Genesee District Library
Attn: Human Resources
G-4195 W. Pasadena Avenue
Flint, MI 48504

Office Use Only:

Interview Date: _____

Librarian Notified: _____

Acceptance: _____

Assignment: _____

Training Date: _____