

**BAY COUNTY LIBRARY SYSTEM
VOLUNTEER APPLICATION**
www.baycountylibrary.org

PERSONAL INFORMATION

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Cell) _____ (Home) _____

Special accommodations needed prior to volunteer work: _____

You must be at least 14 years of age to volunteer. Volunteers under 18 years of age must have a parent/guardian complete the consent section on the reverse side of this application. Students under the age of 18 and not yet graduated from high school must provide a completed State of Michigan work permit from their school district.

Date of Birth: _____

In case of emergency notify: _____

Phone: _____ Relationship: _____

OCCUPATION AND/OR EDUCATION

Current Employer and Position: _____

Are you a student? Yes No

Which School do you attend? _____

VOLUNTEER INTERESTS

Why do you want to volunteer? _____

At which library would you like to volunteer? Auburn Pinconning Sage Wirt

(Please list your first and second choices. We will make every effort to match you with your first choice.)

Times you are available (Circle A.M. - morning or P.M. - afternoon/evenings)					
MON AM/PM	TUES AM/PM	WED AM/PM	THUR AM/PM	FRI AM/PM	SAT AM/PM

Please check the volunteer assignments that interest you:

Dust Shelves Shelve Books Assist with Programs Genealogy

Summer Reading Program Surveys Mailings

Other: _____

**BAY COUNTY LIBRARY SYSTEM
VOLUNTEER APPLICATION**
www.baycountylibrary.org

REFERENCE INFORMATION

Please list two references.

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever been convicted of a crime that has not been expunged or pardoned, other than a minor traffic violation? **Yes** **No**

If yes, please explain:

Note: A conviction will not necessarily exclude you as a volunteer. This information will be used only for volunteer-related purposes and only to the extent permitted by applicable law.

Authorization: *I authorize the Bay County Library System to investigate the statements I have made in this application, including records of former employers. I authorize such sources to release this information without liability for damages incurred for giving it. I further waive any written notice of the release of such records that may be required by state or federal law.*

Waiver of Liability: *The undersigned hereby waives, releases and discharges the Bay County Library System and its respective agents, officials, insurers, lessees, employers, and representatives from all liability for death, illness, personal injury, or damage to property suffered by the undersigned in connection with any and all activities engaged in connection with performing volunteer duties for the Bay County Library System.*

Signature of volunteer: _____ Date: _____

PARENT/GUARDIAN CONSENT (for volunteers under age 18)

I give permission for the above applicant to volunteer at the Bay County Library System and I accept and agree to the requirements set forth in the Bay County Library System Volunteer Application.

Print Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Phone _____

**PLEASE RETURN COMPLETED APPLICATION TO:
BAY COUNTY LIBRARY SYSTEM, ADMINISTRATIVE OFFICE, 500 CENTER AVENUE, BAY CITY MI 48708**