

Herrick District Library

Volunteer Application



It is our mission to *connect, discover, and create*. One of the ways we do this is by providing meaningful volunteer opportunities so that community members can build new relationships with staff and other volunteers, grow from new experience, and learn new skills.

If you are in middle or high school and are interested in volunteering, please contact our teen librarian at teenlibrarian@herrickdl.org.

If you are volunteering as a result of a court order, please email Diane Kooiker at dkooiker@herrickdl.org.

APPLICANT INFORMATION

Full Name:	_____			Date of birth:	_____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:	_____				<i>Apartment/Unit #</i>
	<i>Street Address</i>				
	_____		<i>State</i>	<i>ZIP Code</i>	
	<i>City</i>				
Phone:	_____		Email	_____	

VOLUNTEER INTERESTS

Why are you interested in volunteering at HDL?			
I am available to volunteer...		<i>Time:</i>	Please rank these opportunities in the order of your level of interest, 1 being your first choice: ____ Seed Library (seasonal) ____ Sorting Legos ____ Cleaning A/V Materials ____ Checking Library of Things Pieces ____ Shelf Reading ____ Helping our Maintenance Team
	<i>Monday</i>		
	<i>Tuesday</i>		
	<i>Wednesday</i>		
	<i>Thursday</i>		
	<i>Friday</i>		
	<i>Saturday</i>		

EDUCATION AND SKILLS

Please describe any special interests or skills that may help us match you with the best assignment.
Are you confident using a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT INFORMATION

Name	Relationship
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<i>Address</i>	<i>Phone Number</i>
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REQUIRED FOR BACKGROUND CHECK (NOT HDL)	
<i>Full Name</i>	<i>Date of Birth</i>
<i>Race</i>	<i>Gender</i>

- I certify that the statements made in this volunteer application are true and correct and have been given voluntarily.
- I understand that this information may be disclosed to any party with legal and proper interest, and I release HDL from any liability for supplying such information.
- I understand that HDL reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library.
- I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.
- I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

Signature: _____ Date: _____

Please return this completed form to the Information Desk on the main floor or email it to reference@herrickdl.org.