



Volunteer Application

Name (First, MI, Last) _____ Birth Date: _____

Address: _____

Phone Number (please include area code): _____ E-mail address _____

Availability: Please circle all that apply: Monday Tuesday Wednesday Thursday Friday Saturday
 Morning Early Afternoon Late Afternoon Evening

References: Please supply full names and telephone numbers of 2 people not related to you:

1. _____

2. _____

In case of Emergency, please notify:

Name: _____

Phone: _____ Mobile/cell phone: _____

ADULTS, please complete the section below:

Education: High School College

If college, Major: _____

Degree: _____

TEENS, please complete the section below:

Grade: _____ School _____

Reason for volunteering: Summer Church Community Service

Other _____

Are you willing to submit to a criminal background check if required? (Please Circle One) Yes No

Please read and sign the back of this form.

Volunteers 18 and older:

In consideration of the opportunity to volunteer with the City of Hillsdale, I fully and completely release the City of Hillsdale and its officials as well as the Hillsdale Community Library and its employees from any and all claims, demands, and liability of every nature and description arising by reason of my being allowed to volunteer. I acknowledge that any photograph taken of me participating in this volunteer activity may be used for outreach, education or documentation purposes.

With my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify the City of Hillsdale and its officials as well as the Hillsdale Community Library and its employees from liability for property damage and/or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I can not work at the assigned time, I will notify the library as soon as possible. If I decide to stop volunteering, I will notify the library director.

Volunteer Signature: _____ Date: _____

Volunteers 12 through 17 years of age:

With my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the Hillsdale Community Library's volunteer program. I fully and completely release the City of Hillsdale and its officials as well as the Hillsdale Community Library and its employees from any and all claims, demands, and liability of every nature and description arising by reason of my child/ward being allowed to volunteer. I acknowledge that any photograph taken of my child/ward participating in this volunteer activity may be used for outreach, education or documentation purposes.

I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify the City of Hillsdale and its officials as well as the Hillsdale Community Library and its employees from liability for property damage and/or personal injury resulting from my child's/ward's participation in this program.

I acknowledge that any photograph taken of my child/ward participating in this volunteer activity may be used for outreach, education, or documentation purposes.

Parent/Guardian Signature: _____ Date: _____

I understand that my volunteer work is a commitment. When I can not work at the assigned time, I will notify the library as soon as possible. If I decide to stop volunteering, I will notify the library director.

Volunteer Signature: _____ Date: _____

(For Library Use Only)

Interview Date: _____ Interviewer: _____ Training Date: _____

Assigned Tasks: _____

Assigned Day(s) and Time(s): _____

Start Date: _____ End Date: _____

Notes: _____