



# Volunteer Application

Volunteer openings may vary based on the needs of the Library. Submitting an application does not guarantee placement as a volunteer.

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Signature (If under 18 years of age) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

I am seeking this volunteer position to:

- Become a regular volunteer
- Satisfy school requirement
- Other: \_\_\_\_\_

Will you require the Library to provide documentation of your volunteer service:      YES      NO

If so, to whom? \_\_\_\_\_

Date you need to have all hours completed: \_\_\_\_\_

Number of hours needed: \_\_\_\_\_

*Library Hours: Monday-Thursday: 10am – 8pm; Friday-Saturday: 10am – 5pm*

During which hours are you available? Note: Most positions call for 2-hour shifts. (Check all that apply)

<b>Monday</b> 10am-12      12-3pm      3-6pm      6-8pm	<b>Thursday</b> 10am-12      12-3pm      3-6pm      6-8pm
<b>Tuesday</b> 10am-12      12-3pm      3-6pm      6-8pm	<b>Friday</b> 10am-12      12-3pm      3-5pm
<b>Wednesday</b> 10am-12      12-3pm      3-6pm      6-8pm	<b>Saturday</b> 10am-12      12-3pm      3-5pm

Date you can start: \_\_\_\_\_

To help us match you with the best volunteer experience please mark the tasks you are interested in.

	Youth Program prep/assistance		Used Book Sales (Friends of the Library)
	Adult Program prep/assistance		Donated Book Sorter (Friends of the Library)
	Youth/Teen special events		Landscaping Assistance
	Adult special events		

How did you hear about our volunteer program? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please keep me up to date on the latest news and programs the Library has to offer!  
\*Your information will not be used for any other purpose than Library communication\*

Thank you for your interest in volunteering with the White Lake Township Library. Your time completing this application is greatly appreciated. Applications can be emailed, mailed, or delivered in person to the Administration office. Our Administrative Assistant will contact you soon!

Email: [hclark@whitelakelibrary.org](mailto:hclark@whitelakelibrary.org)

Mailed to: **Administrative Assistant**  
**White Lake Township Library**  
**11005 Elizabeth Lake Road**  
**White Lake, MI 48386**

Office Use Only:

Date Received: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Phone/Email

Comments: \_\_\_\_\_

Start Date: \_\_\_\_\_