



Chesterfield Township Library Volunteer Application

The following information is confidential and intended only for the use of the Chesterfield Township Library and its employees or agents. Information will not be released except as required by applicable state or federal law. Thank you for your interest in Chesterfield Township Library volunteer activities.

Type of Volunteer Position (check one)

- Regular School credit Community Service Court Ordered
 Project (project name)

_____.

For court ordered service, a written disclosure of the offense and a copy of the court order must be provided to the library before an application will be considered. The court order must clearly state the court address, probation officer's name and contact information, number of hours required and completion deadline.

Name _____ Date _____.

Address _____.

City _____ State _____ Zip _____.

Home phone _____ Work phone _____ Cell phone _____.

Email _____.

Drivers License No. _____.

Availability: (circle all that apply) Mon. Tue. Wed. Thurs. Fri. Sat. Sun.

Time Available: _____ hours per week _____ hours per month _____ total hours.

I will be available on an ongoing basis: _____ yes _____ no.

Additional comments: _____

In case of an emergency contact _____
(name and phone)

Work Experience (include volunteer and military experience)

1. Last or present position
Employer _____ City and State _____
2. Previous position
Employer _____ City and State _____

Personal References (*Give two references, preferably from the local community, who are not your present employer or a relative.*)

Name	Daytime phone #	Relationship
1. _____		
2. _____		

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application, verification of the references found on this application, completion of the **Chesterfield Township Library Volunteer Agreement** and a satisfactory background search through the Michigan State Police. I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any services I provide.

Signature _____ **Date** _____

Parental Permission

If you are under 18, please have a parent/legal guardian sign the following permission form:

I (print) _____ parent/legal guardian, grant permission for (print) _____ to volunteer at the Chesterfield Township Library.

Parent/Legal Guardian Signature: _____ Date _____

Chesterfield Township Library
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Chesterfield, MI 48051
1-586-598-4900
www.chelibrary.org