



Salem-South Lyon  
District Library

9800 Pontiac Trail, South Lyon, MI 48178

# Adult Library Volunteer Application

*We are unable to accept court ordered community service volunteers.*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

E-mail \_\_\_\_\_

### Why do you want to volunteer at the library?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please list the days/times you would be available to volunteer each week.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

How many hours would you like to volunteer each week? \_\_\_\_\_

When would you be available to start? \_\_\_\_\_

### Other volunteer opportunities

The library is involved in many activities throughout the year. Please check any of the following special events if you are interested in possibly volunteering. The Friends of the Library runs the book sale room and coordinates volunteers for that task.

\_\_\_\_\_ Technology Tutoring    \_\_\_\_\_ Genealogy Assistance    \_\_\_\_\_ Bookroom

\_\_\_\_\_ One Time Events (like Summer Reading kick off)    \_\_\_\_\_ Gardeners

**References**

Please list two references (previous volunteer references preferred)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

**Please sign below when you have read and understood all statements listed.**

- 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 the Salem-South Lyon District Library from any liability for supplying such information.
- I understand that the Salem-South Lyon District Library 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.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_