

*HOURS*

*M—Th* 9:00—8:00

*Fri* 9:00—6:00

*Sat* 9:00—3:00

We are here to  
help the  
community.

It could not be  
done without  
the help of our  
volunteers.



**Hastings Public Library**  
where minds take flight

<http://hastings.llcoop.org>



**HASTINGS PUBLIC LIBRARY**  
227 E. STATE STREET  
HASTINGS MI 49058

Phone: 269-945-4263  
Fax: 269-948-3874

Website <http://hastings@llcoop.org>  
Email:  
[penglerth@hastingspubliclibrary.org](mailto:penglerth@hastingspubliclibrary.org)

**HASTINGS  
PUBLIC  
LIBRARY**

**VOLUNTEER  
APPLICATION**



# HASTINGS PUBLIC LIBRARY

## Volunteer Application

*PLEASE PRINT*

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

PHONE \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL \_\_\_\_\_



HIGHEST EDUCATION COMPLETED

\_\_\_ Jr. High \_\_\_ Sr. High \_\_\_ College

How did you find out about us? (circle one)

Newspaper- Brochure -Friend Volunteer Center -Internet

Other \_\_\_\_\_

### Emergency Contact

Relationship

\_\_\_\_\_

NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

### WAIVER OF PHYSICAL DAMAGE OR INJURY

In consideration of accepting this activity, the volunteer, intended to be legally bound for themselves and their heirs, executors and administrators, waive and release any and all rights for any injuries and damages they may have against the Hastings Public Library, its officials, and the Library representatives, successors, and assigns for any and all injuries or damages suffered in the connection with the activity of a volunteer. The volunteer attests and verifies that they are physically fit and capable of said activity and they understand that this activity could be hazardous.

**Signed** \_\_\_\_\_

OPTIONAL Special skills, interests,

hobbies: