



227 E State St – Hastings, MI 49058

(269) 945-4263

<http://hastingspubliclibrary.org>

Volunteer Application

Please complete all sections and make sure that all of your answers are legible.

Date: _____

Name: _____
 First Middle Last

Birth Date: _____ Gender: M F Other

If under 18, please include the name and contact phone of a parent or guardian:

Parent/Guardian Name: _____ Phone: _____
 First Last

Address: _____ City: _____ Phone: _____

E-mail address: _____

In order to complete the required background check on patrons age 18 or older, please indicate in which category you fall:

Asian or Pacific Islander American Indian or Alaskan Native White
 Hispanic, Latino or Spanish Black or African American Other

I am currently in: Middle School High School College Adult

I am seeking this volunteer position to:

1. Become a regular volunteer
2. Fulfill court-ordered Community Service:
 - a. How many total hours? _____
 - b. Do you have a deadline for completion? _____
 - c. Who is monitoring your community service? _____
Phone: _____
3. Satisfy a school/church requirement:
 - a. How many total hours? _____
4. Satisfy a job training / Community Service requirement:
 - a. For whom: _____
 - b. Who is in charge of your work program? _____
Phone: _____
 - c. How many hours a week? _____
 - d. Do you have a completion deadline? _____
5. Other, please explain: _____

[Type here]

Do you have any physical or health restrictions? ___ No ___ Yes

Please give details: _____

Areas in which you have experience and/or would like to volunteer your time:

1. ___ Previous library experience (where & when: _____)
2. ___ Computers (areas of expertise: _____)
3. ___ Maintenance/light cleaning: _____
4. ___ Yard work _____
5. Do you have any experience with the Dewey Classification System? _____
6. Do you like to do crafts? _____
7. Do you like to organize materials? _____

Please indicate your availability below. Most volunteer work needs to be completed between 9am and 5pm, Monday through Friday.

Monday: _____

Thursday: _____

Tuesday: _____

Friday: _____

Wednesday: _____

Saturday: _____

Have you ever been convicted of a crime? ___ yes ___ no

Are there criminal charges pending against you at this time? ___ yes ___ no

Please note that we cannot accept any person as a volunteer who is actively in the legal system for, or has been convicted of, crimes involving child abuse, sexual harassment/abuse, or any form of larceny.

I understand that my enrollment as a volunteer is contingent upon successful completion of the application process and that I will not be allowed to begin volunteer/work at the Hastings Public Library until a criminal background check through ICHAT and the Michigan Sex Offender Registry has been completed. *(Please note that "yes" responses above will not automatically disqualify you from consideration.)*

I authorize the Hastings Public Library to conduct a criminal background check on me.

I understand that the Hastings Public Library does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, political beliefs, sexual orientation, marital status or family status and that this application will be handled in a confidential manner.

I have read the Volunteer Guidelines for the Hastings Public Library and agree to follow them.

Applicant Signature

Date

Parent/Guardian Signature (if applicant is under 18)

Date