

Westland Public Library Volunteer Application



Return completed form to:
Westland Public Library
6123 Central City Pkwy
Westland, MI 48185

Contact Information

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

Areas of Interest (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult/Teen Programs | <input type="checkbox"/> ESL Instruction | <input type="checkbox"/> Local history |
| <input type="checkbox"/> Building maintenance | <input type="checkbox"/> Filing | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Children's Programs | <input type="checkbox"/> Gardening | <input type="checkbox"/> Shelf straightening |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Homebound delivery | <input type="checkbox"/> Statistics |
| <input type="checkbox"/> Computer education | <input type="checkbox"/> Lawn care | <input type="checkbox"/> Summer Reading Program |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Leaf pick-up | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Discussion groups | <input type="checkbox"/> Literacy | <input type="checkbox"/> Videotaping programs |

Other/Specifics: _____

Personal Information

Education: High School College Major: _____

Special Training: _____

Other Interests or Talents: _____

Please list below any health or physical limitations that could restrict volunteer activities:

Reference(s)

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

Availability (check all that apply)

Mon ___ am ___ pm Tues ___ am ___ pm Wed ___ am ___ pm Thurs ___ am ___ pm Fri ___ am ___ pm Sat ___ am ___ pm Sun ___ am ___ pm

Comments: _____

Miscellaneous

Reason for volunteering: _____

Number of hours required (if applicable): _____

Will you require the library to provide documentation of your volunteer service? Yes No

If so, to whom? _____

Emergency Contact

NAME _____ PHONE _____

NAME _____ PHONE _____

All volunteers under the age of 18 must have this portion completed by a parent or legal guardian.

My child _____ has permission to volunteer at the William P. Faust Public Library of Westland.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Phone

Thank you for your interest in our volunteer program. The Westland Public Library is unable to accommodate all volunteer applicants, and reserves the right to conduct any background checks.

Official Use Only

Application Received by _____ Date: _____

Interviewed by _____ Date: _____

Background Check: _____