

Date received \_\_\_\_\_

the Peter White Public Library  
217 N. Front St. • Marquette, MI 49855 • (906) 228-9510  
www.pwpl.info



## Volunteer Application

### Personal Information

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

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_

Gender:  Female  Male

Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Employment Status:  Employed  Retired  Homemaker  Student  Not employed

Current Employer and Position: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Interests and Skills: \_\_\_\_\_

Highest Level of Education:  H.S.  Vocational/Tech  College Degree  Other

Please indicate any physical disabilities or accommodations you may require while volunteering:

### Volunteer Service Interests (select one or more)

*Shelf Straightening*  
Placing items in correct order  
and make shelves look neat

*Simple Mending*  
Mending, cleaning, and  
labeling of materials

*Garden/Houseplant Maintenance*

Clerical Support for Administration

Local History/ Genealogy

Special Events  
(book sales, programs, etc.)

Library Links Trainer

Other \_\_\_\_\_

**The Library does not always have volunteer opportunities available for each area.**

Date received \_\_\_\_\_

**Your Availability**

	Morning	Afternoon	Evening
Sunday (September - May)			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

How long do you plan to serve as a volunteer?: \_\_\_\_\_

**References**

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

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

Have you ever volunteered before?: \_\_\_\_\_ If so, where?: \_\_\_\_\_

How did you hear about volunteer opportunities at the library?: \_\_\_\_\_

\_\_\_\_\_

**Signatures**

I certify that the statements in this application are true and correct. I understand that information submitted on this form may be disclosed to any party with legal and proper interest, and I release the Library from any liability whatsoever for supplying such information. I grant the library permission to obtain information from references that I have provided.

I understand that as a volunteer I will not be paid for my services. I understand that volunteers who are interested in paid employment at the Library must apply and compete with all other applicants. I understand that I will not be covered by Worker's Compensation. I do hereby agree to indemnify and hold harmless the Peter White Public Library and the City of Marquette from any and all claims or causes of action that may arise out of performance of my assigned duties.

**I understand that it is the policy of the Peter White Public Library to protect the privacy of those who use the Library. I agree to hold all information about patrons in complete confidence.** In addition, I understand that a breach of confidentiality is grounds for dismissal from the Library's volunteer program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if age 11-18) \_\_\_\_\_ Date: \_\_\_\_\_