



CLARKSTON INDEPENDENCE
DISTRICT LIBRARY

Innovate. Enrich. Educate.

VOLUNTEER APPLICATION

Volunteer openings may vary based on the needs of the Library. Submitting an application does not guarantee placement as a volunteer.

Name: _____ Date: _____

Address: _____

City, State, Zip _____

Phone (Home) _____ Phone (Cell) _____

Email: _____

Parent / Guardian Signature **(if under 18 years of age)*** _____

Email _____ Phone _____

***In Michigan, minors under the age of 18 are required to have a work permit before they can legally work, whether paid or volunteer. Work permit applications are completed online. We will email you the online link. You cannot volunteer until this work permit has been submitted and approved.**

Person to Notify in Case of Emergency: _____ Phone: _____

I am seeking this volunteer position to:

☐ Become a regular volunteer

☐ Fulfill court ordered community service

☐ Satisfy school requirement

☐ Other _____

School Requirement & Court Ordered

Date you need to have your hours accumulated by: _____

Number of hour's needed _____

Days available (please circle)

Mon

Tues

Wed

Thurs

Fri

Sat Sun

Time available (please circle)

Morning

Afternoons

Evenings

To help us match you with the best volunteer experience please mark the tasks you are interested in

- | | |
|--|---|
| ☐ Youth program prep/assistance | ☐ Adult Special Events |
| ☐ Adult program prep/assistance | ☐ Used Book Sale (Friends of the Library) |
| ☐ Youth/Teen Special Events | ☐ Donated book sorter (Friends of the Library) |

How did you hear about our volunteer program? _____

Please note: If you are under the age of 18, please provide your birthday below.

Birthday: __/__/____

Applicant's Signature: _____ Date: _____

☐ Please keep me up to date on the latest news and programs the library has to offer!

Your information will not be used for any other purpose than library communication

Thank you for your interest in volunteering with the Clarkston Independence District Library.

Your time completing this application is greatly appreciated. Applications can be emailed, mailed, or delivered in person to the Circulation Desk. Our Volunteer Coordinator will contact you soon!

Email: padoglui@cidlibrary.org

Mailed to: Ivie Adoglu
Clarkston Independence District Library
6495 Clarkston Road
Clarkston, MI 48346-1501

OFFICE USE ONLY

Date received:

Date contacted:

phone

email

Comments:

Start Date: