

Redford Township District Library

Library Volunteer Application

Thank you for your interest in volunteering at the Library! This application is for prospective Library Volunteers who wish to serve a specific number of hours and those who are interested in working on an ongoing basis.

Please note that volunteer assignments are dependent on Library needs.

Today's date		_		
	Applicant Ir	nformation		
Name	, pp. cant ii			
Address			en e	
City		State/Zip		
Phone (home)		- '	PARTICLE CONTROL CONTR	
Date of birth		- , , , , , , , , , , , , , , , , , , ,		
Driver's license #				
Please	list any physical limitations we should co	nsider when matchin	g you with volunteer jobs.	
	,,,			
	D	u Comico		
	Reason fo	r Service		
	Court-ordered (please indicate court):			
•	School (please indicate school/group):			
	Other (please describe):	e		
-	hours per week can you volunteer?	•		
vvnat da	ays and times are you available?	•		
Do you have	any special skills or project interests?			
Do you nave	arry special skins of project interests.			
	When can you start?			
	Accep	tance		
I grant permission	n for my child (listed above) to volunteer		ship District Library.	
•	s signature (if applicant is under 18):		•	
I accept that the local volunteers who a	Redford Township District Library secure re 18 and over. The use of volunteers is at the discretion of the Library Director:	•	• •	
Submittal Instructions				

We appreciate your time and interest in completing this application. Please submit to:

Volunteer Coordinator Redford Township District Library 25320 W. Six Mile Road Redford, Michigan 48240-2105

...or drop it off at any of the Library's Public Service Desks. Thank you!



Redford Township District Library Criminal Background Screening Consent Form

As a present or prospective volunteer/employee of the Redford Township District Library, I understand it is the Redford Township District Library's policy to secure criminal and/or driving history information as part of the screening process using the information provided below.

Name:					
	Last	First	Middle		
Former names used:					
Address:					
City:		State/Zip:			
Date of birth:		Sex:	□Male □Female		
Social Security Number:		'kg			
I hereby authorize the Redford Township District Library to conduct, by an individual, a criminal background history search and sex offender registry search. I hereby consent to this search being conducted and to the disclosure of the result of that search by the individual to the Redford Township District Library. I further hereby release the individual conducting the search, and the Redford Township District Library, from any and all liability, claims and damages, including, but not limited to, claims for releasing or using any information revealed as a part of this search. I also understand and acknowledge that false information provided by me on criminal convictions will result in disqualification for volunteer eligibility with the Redford Township District Library.					
Signature:		_ Date:			
	_				

Return to: Volunteer Coordinator
Redford Township District Library
25320 W. Six Mile Road
Redford, Michigan 48240-2105
(313) 531-5960