



# Volunteer Application

*Please print clearly and complete each section. If you are under 18 a parent's signature is required*

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

You must be at least 14 years old to volunteer with the library. Age:(if under 18) \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Please list your skills that TADL may consider when making your volunteer assignment:

\_\_\_\_\_

Why do you want to volunteer for the library? \_\_\_\_\_

Are you a current member of the Friends of the Traverse Area District Library? \_\_\_\_\_

**Interests – Please check all that apply. Activities may not be available at all times or at all libraries.**

**Libraries:**  Assist with Programs  Summer Reading Club  Outdoor Projects  
 Admin./Data Entry  Graphic Design  Video/Photo  Lobby Ambassador

**Local History/Special Collections:**  Data Entry  Indexing/Filing  Research  Scanning  Writing

**Friends of the Library:**  Friends of TADL Gift Shop  Friends of TADL Book Sales

Availability – Please designate the times you would be available to volunteer below.

Days and Times: \_\_\_\_\_

How many hours do you wish to volunteer each week \_\_\_\_\_?

Person to contact in the event of an emergency:

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

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

Phone(H): \_\_\_\_\_ Phone(W): \_\_\_\_\_

**Please sign below when you have read and understand the following statements.**

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release Traverse Area District Library from any liability for supplying such information.

I understand that Traverse Area District Library reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the library.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the library.

I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

Friends of the Traverse Area District Library non-profit organization, members of the Friends, while working on library property, agree to be identified both as Friends of TADL and as TADL volunteer and are subject to TADL policies related to volunteers.

**Applicant's Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

(Required if the applicant is under age 18.)

The Traverse Area District Library (TADL) serves the Grand Traverse county community through the following locations: Main, East Bay, and Kingsley Branch libraries; the Fife Lake Public Library, Interlochen Public Library, and Peninsula Community Library. Learn more at [www.tadl.org/about](http://www.tadl.org/about).