



**Grand Ledge Area District Library
grandledge.lib.mi.us**

131 E. Jefferson
Grand Ledge, MI 48837
517-627-7014
517-627-6276 Fax

13080 Wacousta Rd
Grand Ledge, MI 48837
517-626-6577 Ph/Fax

Volunteer Information

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

Apt/Unit # _____ City _____ State _____ ZIP _____

Telephone number(s) _____ (day) _____ (evening)

Email Address _____

Gender: Female / Male Date of Birth _____/_____/_____

Race: White Black Asian/Pacific Islander American Indian/Alaskan Native Unknown/Other

Preferred location(s) (please circle): *Grand Ledge Wacousta*

Hours available: _____

Any physical limitations we should know about? (circle one) YES NO If yes, please briefly explain:

Skills/Experience

Thank you for your willingness to assist your library to better serve the community!

I understand that Grand Ledge Area District Library (GLADL) does not unlawfully discriminate in volunteer positions and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for volunteering on a basis prohibited by applicable local, state or federal law.

Photographic release: I hereby give permission for images or audio of myself or my child, captured by GLADL through video, photo and digital camera, to be used solely for the purposes of GLADL promotional material and publications, and waive any rights of compensation or ownership thereto.

It is the policy of the GLADL to perform background checks on all employees and volunteers working for the library.

Signature of Applicant _____ Date _____/_____/_____

Signature of Parent or Guardian for minors _____

Do Not Write Below Line – Administrative Use Only

Received date _____ Background Ck Result/Date _____ Called _____ Orientation _____
Assignment _____



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Emergency Contact Information
For Volunteers

Please list two people to be notified in the event of an emergency.

Your name: _____

Name: _____ Phone: _____

Relationship to you: _____

Name: _____ Phone: _____

Relationship to you: _____

Physician's name: _____ Phone: _____

Hospital name: _____ Phone: _____