



## Chesterfield Township Library Teen Volunteer Application

The following information is confidential and intended only for the use of the Chesterfield Township Library and its employees or agents. Information will not be released except as required by applicable state or federal law. Thank you for your interest in Chesterfield Township Library volunteer activities.

<b>Name</b> _____		<b>Date</b> _____	
<b>Address</b> _____			
<b>City</b> _____		<b>State</b> _____	<b>Zip</b> _____
<b>Home phone</b> _____		<b>Cell phone</b> _____	
<b>Email</b> _____			
<b>Preferred Method of Contact:</b>		<b>Graduation Year:</b> _____	
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Email		
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Text/SMS(if different from cell): _____		

<b>Type of Volunteer Position (check one)</b>		
<input type="checkbox"/> Regular	<input type="checkbox"/> School Requirement	<input type="checkbox"/> NHS / Scouts / Church

<p>The Library is open:          Monday - Thursday: 10 a.m. - 8 p.m.          Friday: 10 a.m. - 5 p.m.          Saturday: 10 a.m. - 4 p.m.</p> <p>What is your availability for each day?:</p> <p>Monday _____ - _____</p> <p>Tuesday _____ - _____</p> <p>Wednesday _____ - _____</p> <p>Thursday _____ - _____</p> <p>Friday _____ - _____</p> <p>Saturday _____ - _____</p>	<p>How many hours do you need to complete?          _____ (# of hours)</p> <p>When do you need the hours completed by?          _____ (date need by)</p> <p>OR</p> <p>Do you want to volunteer on an on-going basis? _____ (Yes/No)</p> <p>Additional comments: _____</p>
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**In case of an emergency contact** \_\_\_\_\_  
(name and phone)

**Parental Permission**

**If you are under 18**, have a parent/legal guardian sign the following permission form:

I (print) \_\_\_\_\_ parent/legal guardian,  
grant permission for (print) \_\_\_\_\_

to volunteer at the Chesterfield Township Library.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application, verification of the references found on this application and completion of the **Chesterfield Township Library Volunteer Agreement**. I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any services I provide.

**Signature** \_\_\_\_\_

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

Chesterfield Township Library  
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Chesterfield, MI 48051  
(586)598-4900  
www.chelibrary.org  
chesterfieldlibrary@chelibrary.org