

FIFE LAKE PUBLIC LIBRARY

77 Lakecrest Lane

Fife Lake MI 49633

231-879-4101

VOLUNTEER APPLICATION

Name _____ Phone _____

Address _____ City _____ Zip _____

Phone: _____ Cell Phone _____ Email _____

Drivers License Number: _____ Issuing State: _____

___ Year Round resident ___ Summer Only ___ Snow Bird: months available _____

Presently Employed: ___ Full Time ___ Part-time ___ Retired ___ Student

Education: ___ High School Diploma or date of graduation _____

___ College degree Major _____

Area of Interests: _____

What skills do you have that the library might benefit from? _____

Days available: ___ Tues ___ Wed ___ Thu ___ Fri ___ Sat

Time of day available: ___ Mornings ___ Afternoons ___ Evenings

What prompted your application to volunteer? _____

In some instances, a criminal background check may be necessary. Do we have your authorization to institute such a background check? ___ Yes ___ No

I hereby attest that the above information is true to the best of my knowledge.

Your Signature _____ Date _____

Parent or Guardian if Minor: _____ Date: _____

In case of an emergency, notify: _____ Phone: _____

Thank you for considering the needs of the Fife Lake Public Library.

The Library Board & Staff.

FOR OFFICE USE ONLY

Date of Interview: _____ Preferences: _____

Comments: _____
