



**Comstock
Township
Library**

Where community meets the world.

Volunteer Application

Comstock Township Library

(269) 345-0136

comstocklibrary.org



Personal Information

Last Name	First Name	Today's Date
Current Street Address	City, State, Zip Code	
Phone Number	Cell Number	
Email Address	Age	
School	Grade	

Volunteer Interests

What are some of your hobbies or interests?

Why do you want to become a Volunteer?

I am interested in:

Program ideas Writing reviews on books/movies Decorating the Teen Space/youth department

Summer Reading Program Reading Buddies Tutoring

Best days of the week for you to volunteer

You are not committed to the days or times you mark. This allows us to figure out a tentative schedule.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Parent/Guardian Contact Information (Emergency Contact)

Name	Home Phone Number
Relationship to you	Work Phone Number
Address	Cell Phone Number

Please Read The Following And Sign Below

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 the Comstock Township Library from any liability for supplying such information.

I understand that the Comstock Township Library reserves the right to screen Volunteer participants, to accept or reject any applications. I understand that I will not be paid for my services as a Volunteer participant and I am giving my time freely to the Library. I understand that my participation as a Volunteer may end at any time for any reason with or without cause and with or without notice. I understand that as a Volunteer of the Comstock Township Library I agree to act in a responsible manner and follow the rules of the Library while volunteering. I understand that failure to follow the rules of the Library will result in my removal from the Volunteer program.

Rules For Volunteer Member Conduct

1. You will follow the schedule assigned by the Library. If you are unable to work your scheduled hours or you are going to be late, contact the Youth Department and let a staff member know. If you miss a total of three shifts without notifying the Youth Department you will be dismissed from your duties as a Volunteer.
2. You are not to leave the library when you are volunteering.
3. You will be courteous, respectful, cooperative, and friendly to all library patrons and staff. You will refrain from talking on your cell phone or socializing with friends when patrons are present. You will ask library staff if you have any questions regarding anything you are unsure of.
4. You will abide by a school appropriate dress code.
5. You are not allowed in any of the staff areas.
6. All volunteers must have a completed work permit obtained from their school district.

Signed _____

Date _____

Parent/Guardian Consent (For Volunteers Under Age 18)

I, _____, give permission for my son/daughter to be a teen volunteer for the Comstock Township Library. I understand that my son/daughter will not receive monetary compensation or be insured by the Comstock Township Library. I have read and understand the requirements as outlined on this sheet.

Photos and videos may be taken at the library to communicate our programs and services on social media and other outlets. To opt out of having your teen's image shared for Library purposes, check this box.

Parent/Guardian _____

Date _____

Email _____