



Volunteer Application & Background Check Authorization Form

MUSKEGON AREA DISTRICT LIBRARY

Applicant Information				
Last Name:		First Name:		M.I.
Home Address (Street):		APT./P.O. Box:	City:	
State:	Zip:	Home Phone:	Cell Phone:	
Email Address:		Library interested in volunteering at:		

Emergency Contact Information		
Name:	Phone:	Relationship:

Availability			
	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Background Check Information			
D.O.B	Gender:	Prefer not	
	Male Female	to say	
Race: African American/ Black American Indian or Alaskan Native Asian or Pacific Islander Caucasian/ White Hispanic/ Latino Prefer not to say/ Other			

Volunteer Waiver of Liability and Background Check Authorization
I acknowledge and understand that the Muskegon Area District Library will perform a criminal background check for use in considering my application for volunteering if I am 18 years of age or older.
By signing below, I waive, release, and discharge the Muskegon Area District Library from all liability for personal injury, damage to property or death suffered in connection to performing volunteer activities. I understand that I will not be paid for my services. My services can be ended at any time for any reason by the Muskegon Area District Library or myself.
I certify that the information on this application is true and correct.

All volunteers under the age of 18 years must have this portion completed by a parent/ guardian	
By signing this, I am giving my child permission to volunteer at the Muskegon Area District Library and attest that they are at least 14 years of age or older AND have a work permit.	
Relationship to Volunteer:	Phone/ Contact:
Printed Name of Parent/ Guardian:	Signature of Parent/ Guardian:

Signature

Date

STAFF USE
BRANCH CODE: