



**Grand Ledge Area District Library**

**gladl.org**

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

Volunteer location(s) (please circle): *GLADL- Main Off-site for Programs (JC Park, Willow Ridge, etc.)*

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: \_\_\_\_\_