Volunteer Application | Eaton Rapids Area District Library

Please return completed form to Amanda Furgason at the Eaton Rapids Area District Library or mail form to: Amanda Furgason, 220 S. Main Street, Eaton Rapids, MI 48827

Personal Information			
First Name:	Last Name:		
Street Address:	City:	State:	Zip:
Home Phone:	Cell Phone:		_
Email:			
Best way to contact you: ☐Home	Phone □Cell Phone	e 🗆 Email	
Birthdate			
Reason for Volunteering			
Why are you interested in volunte	ering at the Library?		
☐Community involvement ☐]Work experience	□School service	hours
Other			
Tell me about yourself			
What are some of your favorite th	ing to do (besides read	ling ☺)	
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Availability			
When are you available to start? _			
How long are you available to volu	ınteer?		
☐Three months	☐Six months		
□Nine months (a school year)	□One year		
□Ongoing	□Other		

Volunteer Agreement

The Eaton Rapids Area District Library (ERADL) compares the skills of the applicant to those skills needed to fulfill current volunteer position opportunities. Placement is made based on the recommendation of the volunteer staff and the applicant's willingness to perform the required duties at the times needed by the Library.

I agree to abide by existing and future instruction, rules and policies of ERADL. I understand that my position may be terminated at any time, at the discretion of ERADL, or myself through verbal/written communication.

I agree that I offer my services as a volunteer with no expectation of monetary compensation.

Applicant Signature If under 18 years of age, parent/guardian permission is required.	
Parental Consent By signing below, I give permission for this person to participate as	s a library volunteer.
Parent/Guardian Information:	
First name: Last name:	
Signature:	
Relationship to volunteer:	