Volunteer Application | Eaton Rapids Area District Library

Please return completed application to ERADL Volunteer Coordinator at the Eaton Rapids Area District Library or mail form to, 220 S. Main St, Eaton Rapids, MI 48827

Personal Information:

First Name: _____ Last Name:_____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Preferred Method of Contact: ▢ Phone ▢ Email

Date of Birth: _____

Reason for Volunteering: _____

_____

_____

Availability:

Preferred start date: _____

When would you like to volunteer (ex: what days can you come in, how many hours would you like to volunteer, etc)?

_____

_____

How long are you available to volunteer?

▢ 3 Months ▢ 6 Months ▢ 9 Months (1 school year) ▢ 1 Year ▢ Ongoing

Tell us about yourself!

Education: _____

_____

Work experience: _____

_____

Hobbies: _____

_____

Favorite book(s): _____

_____

Anything else we should know: _____

_____

Volunteer Agreement:

I agree to abide by existing and future instruction, rules, and policies of the Eaton Rapids Area District Library, including all safety protocols. I understand that my position may be terminated at any time, at the discretion of ERADL, or myself through verbal or 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 the person listed above to participate as a Library volunteer.

Parent/Guardian Information:

First Name: _____ Last Name:_____

Phone Number: _____ Email: _____

Signature: _____

Relationship to volunteer: _____