



Thank you for offering to serve as a volunteer at the Canton Public Library. Our volunteer “workforce” is an integral part of our organization, and we truly appreciate their generosity in giving their time to help us make it a “jewel” of the Canton community.

Attached you will find a volunteer application form; please fill out and return it as soon as possible. **Be sure complete both pages, including the Release Form for Consumer Reports section.** Once it has been reviewed and a background check completed, we will contact you to arrange for your interview and orientation tour. **If you are between the ages of 14-17, you will need to provide your work permit at orientation, as well.** (If you are not yet 14 years of age, you may gain volunteer credits by serving on our Tween or Teen Advisory Boards; please contact the department of Children’s, Tween & Teen Services for details.)

Please understand that there may not be a regular volunteer position available for you immediately; our volunteers are requested to commit to at least six months of service, and most choose to stay on beyond that time period. Also, for varying reasons, not every applicant may be suited for the type of tasks we ask them to perform.

However, we are developing a pool of on-call volunteers who can be contacted to fill in at the last minute for regular volunteers who call in sick, etc. Eligible applicants may become part of that on-call pool if there are no other slots for them when they apply.

Again, we sincerely appreciate your interest and feel confident that you will enjoy your experience as a volunteer at the Canton Public Library.

I look forward to meeting you.

Sincerely,

Kathie Gladden
Volunteer Coordinator

Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Signature of Parent/Guardian (if under 18)	
Gender	Male Female

Availability

Library Volunteer Hours: Monday-Thursday 10am-8pm; Friday-Saturday 10am-5pm; Sunday 1-5 pm

During which hours are you available for volunteer assignments? (Circle all that apply)

Monday	AM	PM	Friday	AM	PM
Tuesday	AM	PM	Saturday	AM	PM
Wednesday	AM	PM	Sunday	AM	PM
Thursday	AM	PM	Date you can start:		

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	Relationship:
Home Phone	Work Phone:

Will you require the library to provide documentation of your volunteer service? **Yes** **No**

If so, to whom?

Number of Hours Required:

Note: We request that volunteer candidates commit to a minimum of 6 months of service.

Can you do this? **Yes** **No**

Inquiry Notification & Authorization

You are hereby notified that a consumer or an investigative consumer report may be obtained from a consumer-reporting agency, other agency or directly by this employer for the purpose of evaluating you for employment, volunteer employment, promotion, reassignment or retention as an employee. The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living from public or private records sources or through personal interviews.

Release Form for Consumer Reports

In connection with my application for employment (including contract services), I understand that consumer reports or investigative consumer reports which may contain public records information may be requested or made on me including consumer credit, criminal records, driving records, education, prior employment verification, and others. I understand that information may be requested from various federal, state, local and other agencies, and regarding my prior employment and experience. I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

I have the right to make the request of Canton Public Library, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request. A photocopy of this signed authorization will carry the same effect as the original.

Name _____
(last) (first) (middle)

Other Name(s) Used _____

Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Witness/Parent or Guardian _____ Date _____

_____ State Criminal Check