



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 to 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 not yet 14 years of age, you may gain volunteer credits by serving on our Tween Advisory Board; please contact the department of Children’s, Tween & Teen Services for details.)

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.

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 Form

Contact Information	
Name	
Street Address	
City, ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Parent/Guardian Signature (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? NOTE: Most positions call for 2-hour shifts (Circle all that apply)	
Monday 9am-Noon Noon-3pm 3-6pm 6-9pm	Friday 9am-Noon Noon-3pm 3-6pm
Tuesday 9am-Noon Noon-3pm 3-6pm 6-9pm	Saturday 9am-Noon Noon-3pm 3-6pm
Wednesday 9am-Noon Noon-3pm 3-6pm 6-9pm	Sunday Noon-3pm 3-6pm
Thursday 9am-Noon Noon-3pm 3-6pm 6-9pm	Date you can start:

Volunteer Position
For which volunteer position(s) are you applying?

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	

Service Documentation	
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
<p>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.</p>

Release Form For Consumer Reports	
<p>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.</p> <p>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.</p>	
Legal Name	
Other Names Used	
Date of Birth	MM DD YYYY
Street Address	
City, State ZIP	
Signature	Date:
Witness/Parent or Guardian	Date:

___ State Criminal Check