

HASTINGS PUBLIC LIBRARY

Volunteer Application

PLEASE PRINT

DATE _____

NAME _____

ADDRESS _____

Date of Birth _____

PHONE _____

CELL _____

EMAIL _____



HIGHEST EDUCATION COMPLETED

___ Jr. High ___ Sr. High ___ College

How did you find out about us? (circle one)

Newspaper- Brochure -Friend Volunteer Center -Internet

Other _____

Emergency Contact

Relationship

NAME _____

ADDRESS

PHONE _____

WAIVER OF PHYSICAL

DAMAGE OR INJURY

In consideration of accepting this activity, the volunteer, intended to be legally bound for themselves and their heirs, executors and administrators, waive and release any and all rights for any injuries and damages they may have against the Hastings Public Library, its officials, and the Library representatives, successors, and assigns for any and all injuries or damages suffered in the connection with the activity of a volunteer. The volunteer attests and verifies that they are physically fit and capable of said activity and they understand that this activity could be hazardous.

Signed _____

OPTIONAL Special skills, interests,

hobbies:

HOURS

M—Th 9:00—8:00

Fri 9:00—6:00

Sat 9:00—3:00



Hastings Public Library

where minds take flight

<http://hastings.llcoop.org>



*We are here to
help the
community.*

*It could not be
done without the
help of our
volunteers.*

**HASTINGS PUBLIC LIBRARY
227 E. STATE STREET
HASTINGS MI 49058**

Phone: 269-945-4263

Fax: 269-948-3874

Website <http://hastings@llcoop.org>

Email:

penglerth@hastingspubliclibrary.org

**HASTINGS
PUBLIC
LIBRARY**

VOLUNTEER

APPLICATION

