

**Novi Public Library**  
**Adult Volunteer Application**  
(18 years of age and older)

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Phone (home or cell) \_\_\_\_\_  
E-mail address \_\_\_\_\_

I am seeking this volunteer position to:

- \_\_\_\_\_ Fulfill court-ordered Community Service
- \_\_\_\_\_ Program presenter (program) \_\_\_\_\_
- \_\_\_\_\_ Become a regular volunteer
- \_\_\_\_\_ Local History Room
- \_\_\_\_\_ Friends of the Library (Book Nook, book sorting, events)
- \_\_\_\_\_ Welcome Desk Ambassador
- \_\_\_\_\_ iCube Makerspace (specialty \_\_\_\_\_)
- \_\_\_\_\_ Other \_\_\_\_\_  
(explain)

Do you have a specific number of hours to fill? No \_\_\_\_\_ Yes \_\_\_\_\_ (# of hours)

Do you have a deadline for completion of this position? No \_\_\_\_\_ Yes \_\_\_\_\_ (date)

Do you have any physical or health restrictions? No \_\_\_\_\_ Yes \_\_\_\_\_ (If yes, please specify)  
\_\_\_\_\_

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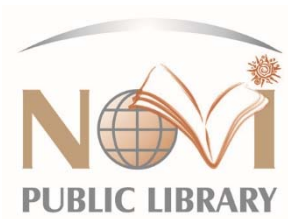
The area(s) in which I have experience and/or would like to volunteer my time:

- \_\_\_\_\_ General clerical
- \_\_\_\_\_ Mailings
- \_\_\_\_\_ Computer work (list areas of expertise) \_\_\_\_\_
- \_\_\_\_\_ Shelf reading
- \_\_\_\_\_ Materials processing
- \_\_\_\_\_ Library maintenance (gardening, yard work, light cleaning)
- \_\_\_\_\_ Past library work experience \_\_\_\_\_
- \_\_\_\_\_ Special skill(s) \_\_\_\_\_

I am available: (from what time to what time)

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_

All volunteers/program presenters must complete a background check and have it approved prior to volunteering at the Novi Public Library.



**Novi Public Library**  
**Adult Criminal Background Screening**  
**Consent Form**  
(18 years of age or older)

Administration Office  
45255 W. Ten Mile Road  
Novi, MI 48375  
(248) 349-0720

As a present or prospective volunteer / employee of the Novi Public Library, I understand it is the Novi Public Library's practice to secure criminal and / or driving history information as part of their screening process using the information provided below.

Name: \_\_\_\_\_  
Last First Middle

Maiden name previously used: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_  
\*only needed if you do not have a Driver's License

Michigan Driver's License Number: \_\_\_\_\_

I hereby authorize the Novi Public Library to conduct, by an individual, a conviction only criminal background history search and sex offender registry search. I hereby consent to this search being conducted and to the disclosure of the result of that search by the individual to the Novi Public Library. I further hereby release the individual conducting the search, and the Novi Public Library, from any and all liability, claims and damages, including, but not limited to, claims for releasing or using any information revealed as a part of this search. I also understand and acknowledge that false information provided by me on criminal convictions will result in disqualification from employment with the Novi Public Library or in dismissal from employment if an offer of employment has been made and accepted. The Novi Public Library reserves the right to terminate my volunteer service at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Requesting Supervisor: \_\_\_\_\_ Program: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Approved ( ) Denied ( ) By: \_\_\_\_\_ Date: \_\_\_\_\_