



GRACE A. DOW MEMORIAL LIBRARY
1710 W. St. Andrews Rd., Midland, Michigan 48640
Phone 989-837-3430, Website gadml.org

VOLUNTEER FORM

Date: _____

Name: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Email: _____

School and Grade: _____

EMERGENCY INFORMATION

Parent/Legal Guardian: _____

Home/Work Phone: _____ Evening/Cell Phone: _____

If parent/legal guardian cannot be reached, contact:

Name: _____ Relationship: _____

Home/Work Phone: _____ Evening/Cell Phone: _____

PARENT/GUARDIAN AUTHORIZATION

I hereby verify that the applicant listed above is 14 years of age or older, in compliance with Michigan Compiled Laws Act 90 of 1978, which requires minors who volunteer to be at least 14 years old. I give my permission for the applicant to volunteer at the Grace A. Dow Memorial Library.

I release the City of Midland, the Grace A. Dow Memorial Library, and all of its officers, agents, and employees from any liability for injuries, illnesses, losses, or damages that may result from volunteering at the Library.

Parent/ Legal Guardian Print Name: _____ Minor's Age: _____

Parent/Legal Guardian Signature: _____ Date: _____

VOLUNTEER CONTRACT

I agree to follow the rules of the Grace A. Dow Memorial Library in matters of behavior and dress, follow the instructions provided by the Library staff and observe all guidelines concerning confidentiality of Library patrons. I will be punctual, notify Library staff in advance of absences, and fulfill my assigned duties to the best of my abilities. I understand that this is not an employment contract and my volunteer services may be terminated at any time at the discretion of appropriate Library staff.

Volunteer Signature: _____ Date: _____