Volunteer Application

Thank you for your interest in volunteering at the Mount Clemens Public Library!

Name: _____

Address: _____

City: _____**ZIP Code**: _____

Home Phone: _____ **Cell/Alternate Phone**: _____

Email: _____ **Date of Birth**: _____

Area of Interest (check all that apply):

___ Adopt-A-Shelf/Shelf Reading

___ Cleaning Materials

___ Programs

___ Processing Materials

___ Gardening/Maintenance/Outdoor

___ Greeter

___ Repairing Materials/Disc Cleaning

___ Local History/Genealogy

Reason for Service: ___ School ___ Court Ordered ___ Other

I understand the terms and conditions to become a library volunteer as described in the Mount Clemens Public Library Volunteer Policy.

Signature: _____ **Date**: _____

Parent or Legal Guardian Signature (If applicant is under 18): _____

Please direct any questions or completed applications to Katie Barnes, Executive Assistant

Mount Clemens Public Library
150 Cass Ave.
Mount Clemens, MI 48043

Phone: 586.469.6200 ext. 5
Email: kbarnes@mtclib.org

Mount Clemens Public Library
Bathing in Knowledge since 1865