

Application for Volunteen Program

Name:	
Parent/Guardian Name:	
Address:	
Phone Number:	
Email Address:	
Do you need accommodation services to perform	your duties? <i>Circle one</i> Yes No Unsure
If yes, please describe needed accommodations: _	
	(ph.)
(relationship)	
School and Grade Level:	
Birthdate:	
How did you learn about this program?	
	231.758.310 petoskeylibrary

500 E Mitchell St • Petoskey MI • 49770

Volunteer Information

Why do you want to be in this program?
Please tell us about your other volunteering experiences:
What are your interests?
What are your skills?
Photographic & Volunteer Release
I hereby acknowledge that the information given above is accurate and I give permission to the Petoskey Distric Library for the use of my photographs that are taken by staff in order to use for social media.
Library for the use of my photographs that are taken by stuff in order to use for social meala.

Volunteen Candidate Signature: _____

Parent/Guardian Signature: _____