



**HOWELL
CARNEGIE**
DISTRICT LIBRARY

The Howell Area Archives

collects, organizes and maintains printed items, articles, memorabilia, photographs, and written materials of historical significance to Livingston County.

How Can I Help? - **Volunteer**

Volunteers assist patrons in locating information about businesses, homes, buildings, family genealogy, obituaries, historical events, along with cataloging donated collections and preserving today's history for tomorrow.

Time & Talent - Do you enjoy history? Are you a wiz using a scanner? Like to index? Great at sorting and processing? Do you love looking at old photographs? This is the place for you!

HOWELL AREA ARCHIVES VOLUNTEER APPLICATION

Applicant's Full Legal Name _____

Phone _____

Address _____

Email address _____

Emergency Contact _____ **Phone** _____

Birthday ____/____/____ **Race** _____ **Gender** _____

Are you familiar with the Livingston County area? ____ yes ____ no

Describe any experience you have had in the workplace or other volunteer organizations.

Days and times available _____

Please complete back side of this application
The Archives is Located in the lower level of the library



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Volunteer Agreement

Have you ever been convicted of a crime except a minor traffic violation?

_____ No _____ Yes

(The response to this question will be considered in the context of its relation to the volunteer position.)

If so, please state citation, date and place where offense occurred:

Are You 18 years or older? _____ Yes _____ No

If applicant is under age 18, a parent/guardian must sign below.

Parent/Guardian Signature _____ Date _____

Please read the following statement carefully before signing to indicate your understanding:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements or omitted information on this application may result in termination of my volunteer position.

I authorize investigation of all statements contained in this application for any volunteer-position purpose. I release any sources to provide the library with any and all applicable information they may have. I hereby release these sources from all liability for any information they may give to the library.

Date

Signature