

Appleton Public Library – Volunteer Application

225 North Oneida Street
Appleton, WI 54911-4780
(920) 832-6170

You must have a volunteer application on file in order to be an active Appleton Public Library volunteer. For the safety of our patrons, the City of Appleton conducts criminal background checks. This form is confidential.

****Please note: The volunteer application & screening process can take up to 2 weeks to be completed.**

PLEASE PRINT IN PEN

Personal Information:

First Name M.I. Last Name Other name(s) used or maiden name

Street Address City State Zip Code

Primary Phone Number: () _____ - _____ Email address _____

Date of Birth: ____/____/____ - ____ - ____ Social Security # - *optional, unless you have lived out of state within the last 5 years*

Drivers License Number _____

Last 5 years previous addresses

Number and Street City State Zip

Number and Street City State Zip

Educational Level:

Middle School Grade _____ High School Grade _____ College

Gender: Female Male

Interests & Skills:

I am interested in the following volunteer opportunities at the Appleton Public Library (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Shelving / Adopt-a-Shelf | <input type="checkbox"/> Special clerical projects (local history project, etc.) |
| <input type="checkbox"/> Optical Disk repair (CD, DVD) | <input type="checkbox"/> Summer library reading programs (June-Aug) |
| <input type="checkbox"/> Used book sale (November & May) | <input type="checkbox"/> Delivery of library materials to the homebound |
| <input type="checkbox"/> Straightening/clean up shelves | <input type="checkbox"/> Assistance with programs (adult, teen, children's) |
| <input type="checkbox"/> Teen Advisory Board | |

Is this a service project for school or a youth group? Yes No

If yes, which school do you attend? _____

Is this court ordered community service? Yes No

If yes, # of hours _____ By what date? _____

Availability: I am available the following days/times:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
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I would prefer to be scheduled: Mornings Afternoons Evenings Weekends

No of hours per week I would like to work: _____

References: Please list references (employer or other volunteer experience) you give us permission to contact:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Emergency Contact:

Name _____ Home Phone Number _____

Cell Phone Number _____ Work Phone Number _____

LEGAL REQUIREMENTS

Criminal background information and waiver must be completed for all volunteers

Please list any instances in which you were convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list any criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of your request to volunteer.

CHECK HERE IF NOT APPLICABLE

Approximate dates may be listed:

Date	Location	Charge	Court	Disposition of case

NOTE: A conviction record or pending arrest record does not constitute an automatic bar to volunteer participation and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the city of Appleton deems there is a bona fide occupational qualification inherent in the position which requires this information prior to a volunteer assignment.

Volunteer waiver

The undersigned does hereby agree to fully release, indemnify, defend and hold harmless the City of Appleton, the Appleton Public Library and any of their officers, officials, employees, agents and the like from and against any and all liability, loss, damage, expense or costs (including attorney's fees) arising in any way out of my volunteer activities except where such liability results from the sole negligence or willful misconduct of the City of Appleton or Appleton Public Library.

PLEASE NOTE: The City of Appleton and Appleton Public Library do not provide insurance coverage for volunteers.

I further understand I will not be paid for my services as a volunteer. I also understand that the Appleton Public Library is a smoke-free, drug-free, and alcohol free environment and I will not participate if under the influence of alcohol or illegal drugs. I am aware that a criminal background check/history will be run from the information I have provided on the front of this form.

I understand that all library users have a legal right to privacy. Any and all information pertaining to anyone's use of the Appleton Public Library will be held as strictly confidential.

THE UNDERSIGNED HAS READ THIS DOCUMENT IN ITS ENTIRETY, AND UNDERSTANDS THAT CERTAIN LEGAL RIGHTS ARE OR MAY BE FORFEITED BY VOLUNTARILY SIGNING THIS AGREEMENT BELOW.

Signature: _____ **Date:** _____

(if under age 18) Parent Signature: _____ **Date:** _____

-- FOR OFFICE USE ONLY --

Background Check run: Approved: Not Approved:

Start Date: _____ Name of Supervisor(s): _____ Assigned Department(s): _____