

# 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 PRINT:

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"/> Delivery of library materials to the homebound             | <input type="checkbox"/> Shelving  |
| <input type="checkbox"/> Special clerical projects (databases, local history, etc.) | <input type="checkbox"/> Adopt-a-Shelf                                   |
| <input type="checkbox"/> Summer library programs                                    | <input type="checkbox"/> Environment enhancement                         |
| <input type="checkbox"/> Holds processing   | <input type="checkbox"/> Program assistance – Children’s, teen, or adult |
| <input type="checkbox"/> Self-check assistance                                      | <input type="checkbox"/> Used book sale                                  |
| <input type="checkbox"/> Teen Library Council                                       |  |

Your skills (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Word processing _____ wpm | <input type="checkbox"/> Copy machines | <input type="checkbox"/> Computers/Software _____ |
| <input type="checkbox"/> Other _____               |  |   |
| <input type="checkbox"/> Foreign Languages _____   |  |   |
| <input type="checkbox"/> Sign Language             |  |   |

Do you prefer to work:  with the public  behind the scenes

Please list any prior library or other related work or volunteer experience:

**References:** Please list name and phone numbers of two references you give us permission to contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**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
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings

**Emergency Contacts** (please list at least one, and preferably two, contacts):

Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
Relationship to you: (spouse, child, friend, neighbor, relative) \_\_\_\_\_  
Employer's phone number \_\_\_\_\_

Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
Relationship to you: (spouse, child, friend, neighbor, relative) \_\_\_\_\_  
Employer's 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): \_\_\_\_\_