

LAST NAME

DATE SUBMITTED

VOLUNTEER APPLICATION

GENERAL INFORMATION

Name:

Address:

Home Phone:

Cell Phone:

Email Address:

Parent's Names if under 16 years old:

Age: 14 – 17 18+ (MUST BE 14 yrs old or above)

I heard about volunteering at the Pewaukee Public Library from:

VOLUNTEER EXPERIENCE & INFORMATION

Have you volunteered at a library before? Yes No If yes, which Library

What tasks did you perform?

I am available to volunteer on a regular basis:

I am available to volunteer for limited hours:

Weekly

Or

8 hours or less (total)

Monthly

9 to 40 hours (total)

As needed

Other _____

Are you volunteering as a Community Service Project? Yes No

If yes: Number of hours to fulfill: _____ To be completed by (date): _____

Court Ordered Organization School

Note: We will call you for service as needed and may not have volunteer hours to help you meet your assignment.

VOLUNTEER INTERESTS

Check any of the broad categories of volunteer duties that might interest you:

Cleaning & Dusting

Special Short Term Projects such as bulk mailings, shifting/moving material, weeding and library grounds maintenance

Processing New Materials (requires availability on a regular basis)

Assist with programs and events (please check all that apply): Children Teen Adult Any

Assist with semi-annual Friends of Library Book Sale

Do you have any special skills or interests?

I want to volunteer at the Pewaukee Public Library because:

REFERENCES:

As part of the screening and placement process, all volunteers are required to submit two personal references. References must be over 18 years old and should not be members of your family.

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

- I am in good health and can sit, stand, lift, and move objects.
- I authorize the Library to contact the persons listed on the Volunteer Application for the purpose of obtaining personal references.
- I certify that all statements made by me in this application, and any attached documents, are true and complete to the best of my knowledge and belief, and are made in good faith. My signature authorizes Pewaukee Public Library to verify any of the information on this application and to secure information from my personal references.

You will be contacted by the library when your services are needed. Thank you for your interest.

<i>Signature of Volunteer or Parent / Legal Guardian:</i>	<i>Date:</i>
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This information is collected for the administration and management of Pewaukee Public Library Volunteer Program. Personal information collected for these purposes will only be used internally at the Library, and will only be disclosed to you, except if the law requires disclosure to a third party. Questions about the collection and use of this information should be directed to:

Pewaukee Public Library, Administration Dept., 210 Main Street, Pewaukee, WI 53072 or call (262) 691-5670 ext 21

The application and any relevant documents may be dropped off at any of Desks in the library – Circulation, Reference, or Children’s or mailed to the Administration Department at the above address, or faxed to: 262.691.5673. Files are kept active for one year from the date of receipt.

EMERGENCY CONTACT INFORMATION

Name:	Phone:
Relationship:	