

# VOLUNTEER APPLICATION

FOR LIBRARY USE ONLY

LAST NAME

DATE SUBMITTED

## GENERAL INFORMATION

Today's date:

Position of Interest:

Name:

Address:

Phone:

Email Address:

Preferred Contact Method:  Call  Email

Age:  14 – 17  18+ (MUST BE 14 years of age to volunteer)

Parent Name if under 18 years old:

## VOLUNTEER EXPERIENCE & INFORMATION

Have you volunteered before?  Yes  No

If Yes, please describe your previous volunteer experience?

Are you volunteering for class/school?  Yes  No

*If Yes, notify your on-site supervisor if you need a written statement of completed work or if you have your own volunteer paperwork that needs completion.*

Why would you like to volunteer at the Pewaukee Public Library?

## EMERGENCY CONTACT INFORMATION

Name:

Phone:

Relationship:

*Please return completed application and Volunteer Release and Waiver of Liability Form to:*

**In Person or by Mail:** Pewaukee Public Library, Attn: Administration, 210 Main Street, Pewaukee, WI 53072

**By Fax:** 262-691-5673

**By Email:** [pkadmin@pewaukee.lib.wi.us](mailto:pkadmin@pewaukee.lib.wi.us) (signed applications should be in PDF format)