

VOLUNTEER APPLICATION

GENERAL INFORMATION

Today's date:	Position of Interest:
Name:	
Address:	
Phone:	Email Address:
Preferred Contact Method: <input type="checkbox"/> Call <input type="checkbox"/> Email	
Age: <input type="checkbox"/> 14 – 17 <input type="checkbox"/> 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?

Is this court-ordered community service? Yes No

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.

How many hours are you required to fulfill?

What is the deadline?

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: May be turned in at any desk.

By Email: admin@pewaukeelibrary.org (signed applications should be in PDF format)