VOLUNTEER APPLICATION

First Name]	Middle Name		Last Name			
Address		City		State	Zip		
Home Phone ()	Cell Phone ()					
Email			Bir	thdate /			
Emergency Con	ıtact	Relatio	onship	Phone ()			
What is motivating you to volunteer? O Personal Satisfaction O Career Exploration O School Requirement Please note that Fondulac District Library does not have volunteer assignments available to fulfill court-ordered community service. Are you fulfilling hours for another agency or organization?							
O Yes O No							
If yes, which on	.e?	How many ho	urs? To	be completed	by / /		
AVAILABILITY							
Date available to begin volunteering / / Are there any periods when you will be unavailable for an extended period of time? O Yes O No If yes, please detail Volunteer availability Note all that apply. Mornings (9a-12p) Afternoons (12-5p) Evenings (5-9p) Specific Hours (Please list.) Mondays							
Tuesdays							
Wednesdays							
Thursdays							
Fridays			NOT AVAILABLE				
Saturdays			NOT AVAILABLE				
Sundays	NOT AVAILABLE		NOT AVAILABLE				
DDEEEDENCEC							
PREFERENCES							
I would like to Check all that apply.							
O volunteer on a		O volunteer with adults					
O volunteer as-ne		O volunteer with teens					
O volunteer with	-		O volunteer with children				
O volunteer behind the scenes O volunteer for the library's					s Friends group		
O deliver materials to and return materials for homebound customers*							
O help promote the library in the community* *must provide own transportation							
Other (Please list)							



EDUCATION, EMPLOYMENT, AND VOLUNTEER EXPERIENCE						
Educational background						
Work history, including any current employe	er					
- Form time of the control of the co						
Current school enrollment and grade (if app	licable)					
Describe any previous volunteer experience	•					
Describe any library experience or other rele	evant experie	ence				
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports (e.g. computer/tech skills, languages, DIY skills)						
REFERENCES						
	(D		:'l			
Please list two personal or professional refer	rences. (Do n		illy members.)			
Name		Phone (
Relationship to applicant			Year(s) known			
Name		Phone ()			
Relationship to applicant			Year(s) known			
GENERAL INFORMATION						
Are you able to lift 50 pounds?	O Yes	O No				
Are you willing to submit to a background c	heck?	O Yes	O No			
Affirmative responses to the following questi	ions will not a	automatically	exclude you from volunteering.			
Have you ever been dismissed or asked to re O Yes O No If yes, please explain	esign from aı	ny position for	reasons other than disability?			
Have you been convicted of or pled guilty to O Yes O No	a felony or r	nisdemeanor,	other than a minor traffic violation?			



APPLICANT'S STATEMENT

In consideration of the opportunity to volunteer with Fondulac District Library ("Library"), I fully and completely release the Library, its officials, and employees from any and all claims, demands, and liability of every nature and description arising by being allowed to volunteer with the Library.

For all activities related to recruitment and retention of volunteers, the Library does not discriminate on the basis of race, color, religion, sex or sexual orientation, national origin, marital status, or political beliefs. The minimum age to be a Library volunteer is 14 years old.

I certify that the statements made in this volunteer application are true, complete, and correct, and have been given voluntarily. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I understand that the Library reserves the right to screen volunteers (including, but not limited to, use of reference and background checks), to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library. Library staff will contact applicants by phone and/or email when their volunteer services are requested by the Library.

I understand that I will not be paid for my services as a volunteer. I am giving my time freely to the Library.

If assigned to a volunteer position, I agree to the following:

- I will arrive on time and prepared to perform to the best of my ability.
- I will notify the Library in advance if I am unable to volunteer as scheduled.
- I will inform Library staff when I enter the building for a volunteer shift and when I leave.
- I will record my hours volunteered on my record sheet after each volunteer session.

I understand that it is the policy of the Library to protect the privacy of those who use the Library. If I have access to confidential information that is needed to perform volunteer duties, I agree to access only that information needed as part of the task assigned to me. I agree to hold all information about patrons and any other confidential information in complete confidence in the course of performing my volunteer assignments.

I understand that the information contained within this application may be disclosed to any party with legal and proper interest, and I release the Library from any liability for supplying such information.

I understand that my volunteer service may end at any time for any reason with or without cause and with

Applicant (printed)

Signature of Applicant

Date

Signature of Parent/Guardian, if applicant under 18

Date

For library use only

Received by

Date

References checked by

Date

Interviewed by

Date



or without notice.