

Volunteer Application

Full Name, includir	ng middle initial:_	
○ Male	Female	Date of Birth
Address		
Phone		Email Address
Over 18 years?	_	ONo If not, School/Grade
In case of an emerg	gency, contact	Phone
I am seeking this v	olunteer position	:
O To become	chool/class/scho a regular volunto ourt-ordered con	
AVAILABILITY		
OMonday	Tuesday	OWednesday OThursday OFriday OSaturday
I am looking for vo	lunteer opportun	ities that are: (check all that apply)
○ Weekly	○ Monthly	O Event Based O Project Based O Summer only O School year only
REFERENCES Please list any specia		r, other volunteer experiences, teacher, etc.)
Name:		Name:
Address:		Address:
Phone:		Phone:
BACKGROUND CH		y doing a criminal background check.
Signature of Volun	teer:	Date:
Signature of Parent	t/Guardian (if und	der 18): Date:



Volunteer Application Choose the volunteer opportunities that appeal to you:

271120				
0	Building Appearance Volunteer Duties: Straighten the library in general. Typical tasks are: cut scrap			
	paper, refill pencil holders, clean library shelves, equipment and materials, and straighten shelves. Qualifications: Must be able to work independently.			
0	Shelf Reader Duties: Read shelves by placing books in order alphabetically by the author's name and title and/or Dewey Decimal order. Qualifications: Must have alphanumeric filing skills. Must be accurate and pay attention to detail. Requires ability to bend to floor level. Requires ability to read small print.			
0	Program/Services Volunteer Duties: Provide assistance with special events, programs and on-going services the library provides. Typical tasks are registration at special events/programs, photography, general help for large programs, 1000 Books Before Kindergarten events, and the summer reading program. Qualifications: (dependent on task assigned) Requires people skills. Must be able to follow basic instructions, and be able to work independently. Must be able to supervise a large group.			
0	Home Delivery Volunteer Duties: Deliver library materials to the same participant(s) once every four weeks. Qualifications: Must have their own transportation and be a licensed and insured driver. Must follow instructions given at the time they begin as a volunteer with particular note of the policy of confidentiality regarding program participants' library material choices.			
I certify Memor regardi conting Friday I	MENT AND SIGNATURE that all information on this application and is true and complete to the best of my knowledge. I authorize Friday al Library to contact my references and authorize these references to provide the library with information my work/volunteer history, education, or character. I understand that appointment to a volunteer position is ent upon the completion of background and reference checks. I understand, as a volunteer, that I must abide by Memorial Library's rules and regulations. I also understand that as a volunteer, I am not an employee of the City of hmond and am not entitled to compensation or benefits.			
I releas respect any clai	R OF LIABILITY the City of New Richmond, Friday Memorial Library and their employees, the Library Board of Trustees and their ve agents from any and all liability which may arise as a result of volunteering at Friday Memorial Library. I waive m for damages to my property and assume all the risks of such participation in the volunteer duties at Friday al Library.			
Signatu	reDate			
Parent	ignature (if applicant is under the age of 18) Date			

DATE RECEIVED ______ DATE CONTACTED _____ ORIENTATION DATE_ NOTES/SPECIAL INSTRUCTIONS _