Start Date (office use)

## Neenah Public Library Volunteer Application

Today's date:		
What are your preferred gender pronouns? ☐ Other:		rs □ They/Them/Theirs
First Name:	Last Name:	Middle Initial:
Address:	City/Zip:	
Phone: ( )	Email:	
In case of emergency, contact:	Phone:	Relationship:
Preferred Contact Method: ☐ Call ☐ Em	ail   No Preference	
1. Availability		
□Monday □Tuesday □Wednesd	ay $\Box$ Thursday $\Box$	Friday □Saturday Sunday
Preferred: ☐Mornings ☐Afternoon	ns □Evenings	
I would like to volunteer approximately	days or hours per week. I a	m available to start on/after this date:
2. Are your volunteer hours required for	r class or school?	] No
If <b>Yes</b> , total hours needed:	Deadline for completio	n:
What school do you attend?		
School contact person:	Pr	one:
Please Note: You must notify the Volunteer Cor if you have your own paperwork.	Coordinator if a written stateme	ent of completed hours worked will be needed
3. Are your volunteer hours a requireme Court)? ☐ Yes ☐ No	ent to fulfill court-ordered c	ommunity service (Including Teen
If yes, please state the nature of the offense:	:	
Total number of hours required:	Deadline fo	or completion:

*Please Note:* You must notify the Volunteer Coordinator if a written statement of completed hours worked is needed for a third party.

4. Please describe any work/volunteer experience or skills that you have.				
5. References (fo	rmer employer, other volunteer ex	xperiences, teacher, etc.)		
Name:	Email:	Phone:	Relationship:	
Name:	Email:	Phone:	Relationship:	
	neck (*required) enah Public Library doing a criminal bareason and without explanation.	ackground check. I understand	d that the Library may deny my	
*Date of birth:				
*Signature of Volu	nteer Applicant:		Date:	
		reement and Relea	ase	
shall indemnify	at my services are being offered on a value and hold harmless the City of Neenah and against all claims, demands, losser service.	and the Neenah Public Library	, its Board and officers, agents, and	
*Initial to Agr	ee:			
movements. I r	at a project for which my volunteer se epresent that I am not under a physici ny such medical conditions that would	an's care for any back, spine, I	eg, neck, or arm conditions and that	
*Initial to Agre	e: *Initial to Disagree:			
and other perso	he course of my participation in the Aons. I agree to maintain the confidention my job as a volunteer, and to comply	ality of such information, to us	se such information only as	
*Initial to Agre	ee:			
Signature of Volu	nteer Applicant:		Date:	
Signature of Parent/Guardian (if under 16):			Date:	
Library Use Only	,			
Date received:	Screened:	N	PD:	
☐ Appro	ved Orientation/	start date:		
☐ Denied	d Date notified	d:		
Comments:				