

# Neenah Public Library Volunteer Application

Start Date (office use)

Today's date: \_\_\_\_\_

What are your preferred gender pronouns?  He/Him/His  She/Her/Hers  They/Them/Theirs

Other: \_\_\_\_\_  Prefer not to disclose

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Method:  Call  Email  No Preference

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 1. Availability

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Preferred:  Mornings  Afternoons  Evenings

I would like to volunteer approximately \_\_\_\_\_ days or hours per week. I am available to start on/after this date: \_\_\_\_\_

## 2. Are your volunteer hours required for class or school? Yes No

If **Yes**, total hours needed: \_\_\_\_\_ Deadline for completion: \_\_\_\_\_

What school do you attend? \_\_\_\_\_

School contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please Note:* You must notify the Volunteer Coordinator if a written statement of completed hours worked will be needed or if you have your own paperwork.

**3. Please describe any work/volunteer experience or skills that you have.**

**4. References (former employer, other volunteer experiences, teacher, etc.)**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**5. Background check (\*required)**

I consent to the Neenah Public Library doing a criminal background check. I understand that the Library may deny my application for any reason and without explanation.

\*Date of birth: \_\_\_\_\_

\*Signature of Volunteer Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***Volunteer Agreement and Release***

**Please read the following statements and initial your acknowledgment after each section.**

1. I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I shall indemnify and hold harmless the City of Neenah and the Neenah Public Library, its Board and officers, agents, and employees from and against all claims, demands, loss or liability of any kind, or nature for any possible injury incurred during volunteer service.

**\*Initial to Agree:**

2. I understand that a project for which my volunteer service is offered may involve heavy lifting and/or strenuous movements. I represent that I am not under a physician's care for any back, spine, leg, neck, or arm conditions and that I do not have any such medical conditions that would prevent me from providing such volunteer service under such circumstances.

**\*Initial to Agree:**

**\*Initial to Disagree:**

3. I agree that in the course of my participation in the Activities, I may have access to information of patrons, employees, and other persons. I agree to maintain the confidentiality of such information, to use such information only as necessary to do my job as a volunteer, and to comply with Library policies regarding such information.

**\*Initial to Agree:**

Signature of Volunteer Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 16): \_\_\_\_\_ Date: \_\_\_\_\_

***Library Use Only***

Date received: \_\_\_\_\_ Screened: \_\_\_\_\_ NPD: \_\_\_\_\_

Approved

Orientation/start date: \_\_\_\_\_

Denied

Date notified: \_\_\_\_\_

Comments: \_\_\_\_\_