Start Date (office use)

Neenah Public Library Volunteer Application

Today's date:		
What are your preferred gender pronouns? ☐ ☐ Other:		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 ☐ Email	□ No Preference	
1. Availability		
□Monday □Tuesday □Wednesday	<i>r</i> □Thursday □Frida	y □Saturday
Preferred: ☐Mornings ☐Afternoons	□Evenings	
I would like to volunteer approximately	_days or hours per week. I am ava	ailable to start on/after this date:
2. Are your volunteer hours required for c	lass 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 Coo or if you have your own paperwork.	ordinator if a written statement of	f completed hours worked will be needed
3. Are your volunteer hours a requiremen Court)? ☐ Yes ☐ No	t to fulfill court-ordered comn	nunity service (Including Teen
If yes, please state the nature of the offense: _		
Total number of hours required:	Deadline for co	mpletion:

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 (former emplo						
Name:	Email:	Phone:		Relationship:		
Name:	Email:	Phone:		Relationship:		
6. Background check (*requir I consent to the Neenah Public L application for any reason and v	ibrary doing a criminal back	ground check. I understan	nd that the L	ibrary may deny my		
*Date of birth:	-					
*Signature of Volunteer Applicant:			Date:			
	Volunteer Agree	ment and Relea	se			
I understand that my services as shall indemnify and hold harmle employees from and against all during volunteer service.	ss the City of Neenah and th	ne Neenah Public Library, i	ts Board an	d officers, agents, an	d	
Signature of Volunteer Applican	t:		Date:			
Signature of Parent/Guardian (if	under 16):		Date:			
Library Use Only						
Date received:	Screened:	NP	D <u>:</u>			
☐ Approved	Orientation/start date:			_		
☐ Denied	Date notified:					
Comments:						