Neenah Public Library

Start Date (office use)

Volunteer Application

Today’s date: 🞎 Male 🞎 Female

First Name: Last Name: Middle Initial:

Address: City/Zip:

Phone: ( ) Email:

In case of emergency, contact: Phone: Relationship:

## 1. Availability

🞎Monday 🞎Tuesday 🞎Wednesday 🞎Thursday 🞎Friday 🞎Saturday

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. Are your volunteer hours a requirement to fulfill court-ordered community service (Including Teen Court)? 🞎 Yes 🞎 No

If yes, please state the nature of the offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of hours required: Deadline for 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 (former employer, other volunteer experiences, teacher, etc.)

Name: Email: Phone: Relationship:

Name: Email: Phone: Relationship:

# 6. 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*

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 of liability of any kind or nature for any possible injury incurred during volunteer service.

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:

Position: