

VOLUNTEER APPLICATION



GENERAL INFORMATION - PLEASE PRINT CLEARLY

All information is kept confidential and used only for library purposes per WI Statute 43.30.

LAST NAME		FIRST NAME		MIDDLE INITIAL
MAILING ADDRESS		EMAIL		
CITY		STATE	ZIP	
PHONE	EMERGENCY CONTACT		EMERGENCY CONTACT PHONE	

VOLUNTEER EXPERIENCE & SKILLS

Have you previously worked/volunteered at a library? If so, what duties did you perform?

What skills or experiences do you have that would be beneficial as a library volunteer?

Why would you like to volunteer at the Oconomowoc Public Library?

SCHEDULE

PLEASE CHECK AVAILABLE VOLUNTEER TIMES

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING						
AFTERNOON						
EVENING						

How many hours are you available to work each week? _____ Each month? _____

Additional comments:

REFERENCES

NAME		RELATIONSHIP		PHONE	
NAME		RELATIONSHIP		PHONE	

VOLUNTEER OPPORTUNITIES

PLEASE CHECK AREAS OF INTEREST (Note: Opportunities are subject to availability and Library need)

- ☐ **Home Service delivery***
Deliver library materials to patrons who are unable to come to the library
- ☐ **Youth Program assistance**
Assist with activities, preparation, cleanup, and room monitoring during programs as needed
- ☐ **Light housekeeping**
Dust the bookshelves, clean toys, etc.
- ☐ **Collection assistance**
Assist with withdrawal of materials or the organization and sorting of donations
- ☐ **Publicity**
Post event flyers around town
- ☐ **Special projects**
Assist staff with short-term projects as needed
- ☐ **I would like more information about the Friends of the Oconomowoc Public Library**

*Volunteer must be 18 years or older. Duties require a valid driver's license, auto insurance, and access to a vehicle.

In signing this form, I acknowledge that my services for the Library are free and are intended as a contribution of public service for the Library, its patrons, and the community. I agree to abide by all the rules of conduct governing the staff of the Library in performing my services. As a volunteer, I hereby acknowledge that I will perform my services in good faith and to the best of my ability under the general guidelines provided.

I understand my eligibility as a volunteer is contingent upon a background check, an interview, and the availability of work. I will commit to volunteering for a minimum of six months and will notify the volunteer coordinator should I decide to stop volunteering after the initial period. If I cannot work an assigned shift, I will notify the volunteer coordinator as soon as possible.

I confirm that I am 18 years old or older. If my duties include driving on behalf of the Library, I understand I must annually provide a copy of my driver's license and insurance upon request.

The Oconomowoc Public Library appreciates your willingness to volunteer your services to assist the Library, its patrons, and the community. Personal information collected for these purposes will only be used internally at the Library and will only be disclosed to you, except if the law requires disclosure to a third party. Files are kept one year from the date of inactivity.

APPLICANT SIGNATURE _____ **DATE** _____

Please return this application to the Checkout Desk at the Oconomowoc Public Library. Questions may be directed to Jennie Fidler, Special Services Coordinator, at (262) 569-2193, ext. 206 or jfidler@oconomowoclibrary.org.