



# Library Volunteer Application

Received Date \_\_\_\_\_ Staff \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Previous work experience and special skills: \_\_\_\_\_

\_\_\_\_\_

Do you prefer a weekly commitment or a short term project?

\_\_\_\_\_

How many hours can you volunteer each week? \_\_\_\_\_

When are you available to volunteer? List day(s) and time(s) most convenient for you:

\_\_\_\_\_

Have you ever been convicted of a felony? yes no

Someone will contact you within a week to review this application. **PLEASE RETURN THIS TO THE CIRCULATION DESK. THANK YOU**

### Code of Conduct:

The worker agrees to be on time and to call the supervisor if they will be absent due to illness or lack of transportation (715-258-4414)

The worker will conduct themselves in a manner appropriate to the work environment.

The worker will wear clothing appropriate for the work assignment.

The worker will refrain from socializing when working.

The worker will not use electronic devices (i.e. headphones, cell phones) while working.

I agree to the following:

1. The Waupaca Area Public Library's Volunteer Code of Conduct.
2. I give the Waupaca Area Public Library permission to run a background check.
3. I'm over the age of 10. (If under age 18, I have my parent's permission).
4. I verify that the above information is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature if volunteer is a minor:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_