

Waupaca Area Public Library Volunteer Application

Name: _____

Address: _____

Telephone: _____

I have had previous library experience Yes No

Are you currently employed? Yes No

Previous work experience and special skills _____

Do you prefer a regular commitment (e.g. once a week for 3 hours) 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:

You will be notified after you return this form to come in and set up your work schedule.
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. This will be discussed with the supervisor prior to the 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. Verify that the above information is true and correct.

Signed: _____ Date: _____

Parent signature if volunteer is a minor:

Signed: _____ Date: _____