



# WAUPACA AREA PUBLIC LIBRARY

IMAGINE LEARN CONNECT

WAUPACA AREA PUBLIC LIBRARY

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WAUPACA AREA PUBLIC LIBRARY  
LIBRARY BOARD OF TRUSTEES  
POLICY COMMITTEE MEETING AGENDA  
THURSDAY, JUNE 18, 2025, 4:00 PM  
**CITY OF WAUPACA COUNCIL CHAMBERS**

*Mission Statement: "...committed to offering opportunities for connections innovation, and engaged learning."*

**1. ROLL CALL :**

COMMITTEE MEMBERS: Hanneman, Nagel, Peterson, Ross, and Turner.

**2. APPROVAL OF AGENDA**

OPEN MEETING LAW STATEMENT: This meeting and all other meetings of the Waupaca Area Public Library Board are open to the public. Proper notice has been posted and given to the media, in accordance with Wisconsin State Statutes so that the citizens may be aware of the time, place, and agenda of this meeting.

**3. Review of new policies**

a. Walking Books Policy

**ACTION ITEM:** APPROVE Walking Books Policy

**4. Review of existing policies**

a. Revised Materials Review Policy

**ACTION ITEM:** APPROVE changes to Materials Review Policy

**5. Adjournment**

PLEASE CALL ERIC BAILEY (715-258-4414) BY 1:00 PM ON MEETING DATE IF YOU ARE UNABLE TO ATTEND.

PLEASE ADVISE THE CITY CLERK'S OFFICE IF YOU REQUIRE SPECIAL ACCOMMODATIONS. THE CITY OF WAUPACA PROVIDES EQUAL OPPORTUNITIES FOR PUBLIC MEETINGS

## WALKING BOOKS PROGRAM

Thank you for taking extra time to come in today, it is appreciated.

We are here today to vote on the Walking Books policy. I will try and give you a rundown on what this is and how it will affect the library.

This is not something new, there are other libraries in our system, such as Sturgeon Bay and Appleton, that have a Walking Books program. Their Friends of the Library, or volunteers, or both in some cases run these completely.

The Walking Books Program is a service that would be provided to patrons that do not have the ability to physically get to the library. This could include anyone from the homebound elderly, those without transportation, to someone who is laid up due to injury/medical recovery, etc.

Through the program these individuals would be paired with a volunteer that would collect and return library items for them. My goal is that volunteers, with just a little oversight from myself, will run this program completely.

With the help of Colleen from Appleton and Director, Eric Bailey I was able to create the paperwork involved on both the volunteer end and homebound side of things that will cover applying, training, and liability.

When a patron comes in to apply for the Walking Books Program they will be given these forms:

Library Delivery Volunteer Waiver

Walking Books Volunteer Position Description

Acknowledgement of Receipt & Understanding of Waupaca Library Policies

When these items are signed and returned I will set up a time to go over the training PowerPoint and any preferences they might have. I will then have them fill out the background check form.

Unless they have a homebound person in mind, this will put them on the waiting list.

The HOMEBOUND patron.

I will talk with them over the phone, get their preferences/interests. I will fill out a **Walking Books Card form** with them:

This form will then be taken to them by their paired volunteer so they can verify the information and sign the form along with the **Library Delivery and Receipt Waiver**:

These will be returned by the volunteer on our before the first delivery.

It will be up to the Homebound person if they would like their paired volunteer to hold their library card and choose books for them, or if they would prefer to place holds at home themselves. This will require giving the volunteer their card number. (We will use a universal PIN for all Walking Book cards)

This program should run on its own without much need of the library staff. Unless a volunteer would need help finding something, or the Homebound person places holds on their own, staff would pull them like all holds.  
Do you have any questions for me?

## **Walking Books Policy**

### **Eligibility**

Home delivery service may be provided to any patron who is resident of the City of Waupaca (or the Towns of Dayton, Farmington, Lind or Waupaca) and who is temporarily or permanently unable to come to the library due to limited mobility, prolonged illness, low vision, lack of transportation or recent surgery.

### **Registration**

Each home delivery patron must have a registered Outagamie Waupaca Library System (OWLS) card. If they are eligible for a card but do not have one, an application will be completed over the phone with staff assistance and taken to the patron by a volunteer to be signed and returned.

### **Circulation Rules**

All existing circulation rules regarding fines, fees, checkout times, availability of renewals, suspension of services, etc. apply unless determined otherwise by Library staff. All items that the Library can provide through its own collections or through Interlibrary Loan are available.

### **Volunteer Partnership**

All delivery is handled by Library volunteers. Both volunteers and Walking Books program participants sign a waiver indemnifying the Library and City against any liability should injury or incident occur during delivery. To ensure safety for everyone involved, Walking Books participants and volunteers will both be subject to a background check. Each Walking Books program participant will be partnered with a specific volunteer who will be responsible for selecting, checking out and delivering items to the participant. Other volunteers may fill in as needed. No volunteer will take any action that makes a Walking Books participant feel uncomfortable or unsafe and vice versa. Participants and volunteers are asked to communicate concerns immediately to the Head of Adult Services so that they can be quickly addressed and resolved.

### **Home Environment Required for Delivery**

Patrons participating in the Walking Books program must provide a safe and appropriate environment for volunteers or staff members who make deliveries to their home. The patron receiving the delivery must be present at time of delivery.

The Library reserves the right to refuse or terminate participation in the program by any volunteer or Walking Books program participant for failure to follow Walking Books program policy and procedure. The Library cannot guarantee to Walking Books program participants that we will have volunteers available and vice versa.

## Waupaca Area Public Library

## Walking Books Card

Please verify the information below, filling in the highlighted fields

Last Name		First Name		M.I.
Former Name (If Applicable)			Date of Birth	
Address				
City	State	ZIP	County	
Phone #				
Email				
Preferred way to contact: _____ email _____ Phone _____ Your email address will not be shared with other organizations.				

**Library card holders agree to the following:** I accept responsibility for library materials borrowed with this card until I report the card lost or stolen. I agree to reimburse the library for materials that are lost, damaged or stolen while in my possession. I agree that this library card may be required to borrow materials.

Signature	Date
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**ALL PATRONS RECEIVING HOME DELIVERY MATERIALS AS WELL AS VOLUNTEERS WILL BE SUBJECT TO A BACKGROUND CHECK.**

### Staff use only

Volunteer Name		Volunteer Date of Birth
Volunteer Email		Volunteer Phone #
Barcode	Staff Initials	Date
Preferred way to contact _____ email _____ phone _____		
NOTES:		

## LIBRARY DELIVERY and RECEIPT WAIVER

Thank you for participating in the Waupaca Area Public Library Home Delivery program. Please read, complete, and sign the following form to participate in this event.

### RECEPIENT'S INFORMATION (PLEASE PRINT CLEARLY)

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

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

Phone: \_\_\_\_\_

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

### HOME DELIVERY AGREEMENT

As a participant in the Waupaca Area Library Home Delivery Program, I release and hold harmless the Waupaca Area Library, the City of Waupaca, and their successors from any and all claims, costs, suits, actions, judgments or expenses upon any damage, loss or injury to me or to my property which may arise from my participation in the Home Delivery program organized by the Waupaca Area Public Library.

I acknowledge that I am fully aware of any and all risks posed by this program which involves the delivery of library materials to my home by volunteers. I have no limitations or conditions existing in my home that would prevent me from participating in the program or would pose a threat to any volunteer who may bring me materials or pick up materials from me. I realize that I must be observant and follow up with the terms of the program.

I acknowledge that I am aware that I must respect the property of the Library and the safety of all volunteers who I may come in contact with through the program.

Both delivery service and volunteer status can be discontinued at any time at the Library's discretion.

In signing below, I acknowledge that I have read and understand this participant's waiver and acknowledgement agreement.

Participant's Signature: \_\_\_\_\_

**NOTE: If the participant is under the age of 18, a parent or legal guardian must sign. If the participant is under a guardianship the Guardian must sign.**

Parent/Guardian Signature: \_\_\_\_\_

## LIBRARY DELIVERY VOLUNTEER WAIVER

Thank you for volunteering to help with the Waupaca Area Public Library Book Delivery program. Please read, complete, and sign the following form to participate in this event.

### **VOLUNTEER INFORMATION (PLEASE PRINT CLEARLY)**

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

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

Phone: \_\_\_\_\_

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

### **EMERGENCY CONTACT INFORMATION**

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

Relationship to Volunteer: \_\_\_\_\_ Phone: \_\_\_\_\_

### **VOLUNTEER AGREEMENT**

As a volunteer, I release and hold harmless the Waupaca Area Library and the City of Waupaca and their successors from any and all claims, costs, suits, actions, judgments or expenses upon any damage, loss or injury to me or to my property which may arise from this volunteer event.

I acknowledge that I am fully aware of any and all risks posed by these volunteer activities and that I have no medical condition that prevents me from engaging in them. I realize that I must be observant of my surroundings and be careful as I carry out my deliveries.

I acknowledge that I have been instructed as to the duties. I have volunteered to perform and I see no reason I cannot safely and efficiently carry out these voluntary duties.

Both delivery service and volunteer status can be discontinued at any time at the Library's discretion.

In signing below, I acknowledge that I have read and understand this volunteer agreement.

Signature: \_\_\_\_\_

**NOTE: If the volunteer is under the age of 18, a parent or legal guardian must sign.**

Parent Signature: \_\_\_\_\_

## Revision of Materials Review Policy

Date: 6/18/2025

A solid policy and procedure are essential to handling a request to reconsider the location or ownership of an item in the Library's collection. As such, this is a policy that is always subject to regular review. The American Library Association and Wisconsin Library Association have made additional information and suggestions available over the past 5 years. The proposed revisions incorporate many of those recommendations, and I believe they will create a better policy and process. The marked-up version and a clean version of the proposed new policy are included here.

Respectfully submitted,

Eric Scott Bailey



Waupaca Area Public Library  
Material Review Policy

The purpose of the Waupaca Area Public Library's collection, in keeping with Wisconsin State Statute 43.001(1)(a), is to provide "free access to knowledge, information and diversity of ideas." The Library therefore provides services and materials to all residents regardless of cultural background, personal opinions, religious beliefs or political beliefs. The Library supports the right of each family to decide what materials are right for them. The objective of the Material Review Policy is to encourage as well as respect all library patrons' opinions and ideas by providing a step-by-step procedure for processing their concerns. Parents or legal guardians are responsible for the selection of materials for their own children. No one person can exercise censorship to restrict access of materials to others. The Waupaca Area Public Library~~We~~ supports and endorses the Intellectual Freedom Statements: "Freedom to View" and the "Library Bill of Rights." Copies of these documents are available upon request.

The objective of the Material Review Policy is to provide a process for addressing patron concerns about the content or location of materials physically located at the Waupaca Area Public Library. To file a review, the patron must hold a valid Outagamie Waupaca Library System (OWLS) card and be a resident of the State of Wisconsin.

1. The library patron should obtain a Request for Library Item Review form (from any service desk at the Library or online), complete the form, and return it to the Library.
2. The Library Director will contact the patron to acknowledge receipt of the form.
3. The Library Director will respond to the request within 30 days of receipt of the form.
4. If the patron is dissatisfied with the Director's response, they may direct a letter to the Library Board and the Library Director will provide the Board with all documentation.
5. The President of the Library Board will acknowledge receipt of the letter. The Library Board will set up a committee of board members, library staff, and/or community members to examine the item, and consider the request for review as well as the Director's response. This committee will meet within 90 days of receipt of the letter.
6. The Committee will meet and discuss the item to be reviewed. They will make a determination on what will happen to the item and notify the patron (in writing) of their decision within 10 business days after the committee meeting.
7. If the patron is dissatisfied with the Committee's decision they may direct a letter to the Library Board. The Library Board will hold a public hearing if deemed necessary. The decision of the Library Board will be final.
8. All items under review shall remain on the shelf and available to the public during the review process.

Affirmed by the Waupaca Area Public Library Policy Committee December 15, 2021  
Replaced the Reconsideration of Materials Policy which was:  
Approved by the Waupaca Area Public Library Board of Trustees May 21, 1991  
Revised by the Waupaca Area Public Library Board of Trustees June 8, 1999

Revised by the Waupaca Area Public Library Board of Trustees April 13, 2004  
Revised by the Waupaca Area Public Library Board of Trustees June 12, 2007  
Adopted by the Waupaca Area Public Library Board of Trustees May 8, 2012

Waupaca Area Public Library  
Request for Library Item Review

My concern is about:  
\_\_\_ Book  
\_\_\_ Audio item  
\_\_\_ Video item  
\_\_\_ Internet link

Please fill in the following information (if relevant)

Title: \_\_\_\_\_

Author/Producer/URL : \_\_\_\_\_

Please tell us all you can to help us understand your concerns.

1. ~~How did you learn of this item?~~ What brought this item to your attention?

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2. What ~~is it about the item that you object to?~~ concerns you about this resource?

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3. Did you read/listen to/view the entire item? If not, which segments did you read/listen to/watch?

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4. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic? ~~What do you believe are the main ideas of the item?~~

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5. ~~Additional comments:~~ What action are you requesting that we consider?

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6. Additional comments:

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Your name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Your signature: \_\_\_\_\_

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

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

Do you represent yourself? \_\_\_\_\_ Or an organization? \_\_\_\_\_ Name of Organization \_\_\_\_\_  
I file this concern on behalf of \_\_\_\_\_ self \_\_\_\_\_ my child \_\_\_\_\_ Other  
(please list) \_\_\_\_\_

How do you wish to be contacted? \_\_\_\_\_mail \_\_\_\_\_ phone \_\_\_\_\_email

The Library Director will acknowledge receipt of your concern and contact you with a response within 30 days of receipt.



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My concern is about:

- ☐ Book  
☐ Audio item  
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☐ Internet link

Please tell us all you can to help us understand your concerns.

1. What brought this item to your attention?

\_\_\_\_\_  
\_\_\_\_\_

2. What concerns you about this resource?

\_\_\_\_\_  
\_\_\_\_\_

3. Did you read/listen to/view the entire item? If not, which segments did you read/listen to/watch?

\_\_\_\_\_  
\_\_\_\_\_

3. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

\_\_\_\_\_  
\_\_\_\_\_

5. What action are you requesting that we consider?

\_\_\_\_\_  
\_\_\_\_\_

6. Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

Your name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Your signature: \_\_\_\_\_

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

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

Do you represent yourself? ☐ Or an organization? ☐ Name of Organization \_\_\_\_\_

How do you wish to be contacted? ☐ mail ☐ phone ☐ email

The Library Director will acknowledge receipt of your concern and contact you with a response within 30 days of receipt.