

Adult Volunteer Registration Form

Name _____ Date _____

Street Address _____

Apt/Unit # _____ City _____ State _____ ZIP _____

Telephone number _____ Email _____

Date available for volunteer work _____

Are you interested in one-time/short-term volunteer assignments? (circle one) YES NO

Are you interested in on-going volunteer assignments? (circle one) YES NO

Please check areas that you would be interested in volunteering:

- Special Projects (cleaning books or various areas of the library)
- Cleaning DVDs
- Shelf reading (making sure books are in the correct order)
- Shelving (putting materials in their proper place in the collection)
- Programs (help with set-up, chairs, etc.)
- General assistance (make copies, prepare crafts, tidy up toys, straighten shelves, etc.)

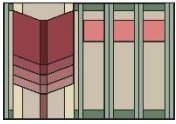
Available to volunteer: _____ mornings _____ afternoons _____ weekends

Number of hours to volunteer: _____ hours per _____ week OR _____-month

Comments and schedule conflicts:

Any physical limitations we should know about? (circle one) YES NO If yes, please briefly explain: _____

Have you ever been convicted of a crime (other than a minor traffic offense that resulted only in a fine)? (circle one) YES NO If yes, please state the crime(s) you were convicted of and explain the date, location, nature, and facts surrounding each conviction. Use an attachment sheet if necessary.



Training _____

Computer _____

Software applications _____

Office equipment _____

Additional information _____

Education, vocational, technical, or military training information that is relevant to the position for which you are applying: _____

Additional Skills

Examples of additional skills are:

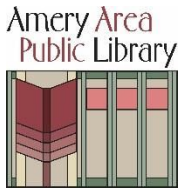
diversity training , public speaking experience, completed computer training classes, special training in prior volunteer experience, etc.

References —please list three people (not relatives) as references for the volunteer position for which you are applying:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____



Applicant Statement

I certify that all statements made in this application are true, complete and correct.

I understand any information provided by me found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration for the position applied for, or 2) immediately discharge me from my volunteer position, whenever discovered.

I expressly authorize, without reservation, Amery Area Public Library, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the Amery Area Public Library, its agents, employees or representatives, for seeking, gathering, and using such information in the volunteer process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Amery Area Public Library does not unlawfully discriminate in volunteer positions and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for volunteering on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only ninety (90) days.

This application does not constitute an agreement or contract for any specified period or definite duration. I understand if accepted as a volunteer, I fall under the same "at will" status as regular City of Amery employees. Therefore, my volunteer position can be eliminated based on the sole discretion of the library administration. If I am offered a volunteer position, I agree to provide my Driver's License number for a background check.

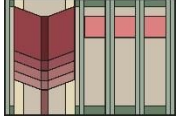
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

Received _____ Called _____ Orientation _____ Assignment _____

Amery Area
Public Library



Please list two people to be notified in the event of an emergency.

Name: _____ Phone: _____

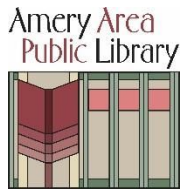
Relationship to you: _____

Name: _____ Phone: _____

Relationship to you: _____

Physician's name: _____ Phone: _____

Hospital name: _____ Phone: _____



I authorize the Amery Area Public Library to conduct a background check before authorizing me as a volunteer working for the library. Please complete the following information and return this form with your volunteer application.

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____ MI: _____

Maiden Name: _____

Date of Birth: ____/____/____

Sex: Female / Male Race: White / Black / American Indian / Hispanic / Asian or Pacific Islander

Drivers License Number : _____

Please list any other names you are known by:
