

Volunteer Policy

Approved: December 19th, 2022

Effective: December 19th, 2022

Revisions: N/A

Review: October 28, 2024, January 26, 2026

Any interested party may submit a volunteer application at the Amery Area Public Library; however, volunteers will be accepted only with the consent of the library director. Applicants may not be under the age of 13, and those under the age of 18 must have consent from a parent/legal guardian prior to acceptance. An emergency contact must be provided on the application, and the release of information authorization must be signed, thereby consenting to a background check. Neither the City of Amery nor the Amery Area Public Library accepts any liability for the health and safety of volunteers for actions which are of the volunteers own doing.

Accepted volunteers must adhere to the following guidelines:

- Volunteers shall not be paid for their services
- Volunteers shall follow all enforced policies
- Volunteers shall perform duties as requested by library staff
- Volunteers shall not perform any tasks which would violate patron privacy
- Volunteers shall be respectful to all library patrons and staff

Volunteers will be dismissed by the library director if the above guidelines are not followed.



Adult Volunteer Application 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 ongoing 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 _____



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

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ Zip Code: _____

Maiden Name: _____

Date of Birth: ____/____/____

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

Driver's License Number: _____

Please list any other names you are known by:



Amery Area Public Library

Youth Volunteer Form

Library Policy states that volunteers must be 13 years of age or older.

Name: _____ Age & Grade: ____/____ Phone: _____

Address: _____

City: _____ Zip Code: _____

Email Address: _____

Parent/Guardian Signature: _____

I would like to help with these tasks, but I understand that volunteer tasks aren't limited to the list below:

- Special Projects
- Cleaning library materials, shelves, or furniture
- Shelf reading (make sure books are in the correct order)
- Programs (help with set-up, chairs, etc.)
- General assistance (make copies, prepare crafts, tidy up toys, straighten shelves, etc.)

Place an X in the boxes for the days/times you ARE available to volunteer:

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
Mornings (9-11 am)						
Afternoon (12-4 pm)						
Evenings (5-7 pm)						

I would like to volunteer: _____ hours day/week (circle) (We recommend a *maximum* of 2 hours/day, 2 days/week)

Comments and schedule conflicts:

*All volunteer times MUST be scheduled ahead of time. *

Parents and guardians MUST sign this form in order for students to be allowed to volunteer.

If you have any questions, please feel free to call the library at 715-268-9340.

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: _____

Disclaimer: The Amery Area Public Library recognizes and appreciates the hard work and unique talents the volunteers of the community offer the Library throughout the year. All work performed by volunteers is done without compensation and at the risk of the volunteer. The Library does not carry insurance to protect the volunteer in the case of accidental injury. By signing and submitting this form, you acknowledge and accept this disclaimer.

Parent/Guardian Signature: _____

Parent/Guardian (Print): _____

STAFF USE ONLY

Volunteer Contacted _____ / _____ / _____

Volunteer's Preference: Short-Term Opportunity Long-Term Opportunity

Scheduled Date/Shifts: _____

Notes: _____

Date Form Submitted: _____ Staff Initials: _____