



VOLUNTEER APPLICATION

PERSONAL INFORMATION			
FIRST NAME	MIDDLE NAME	LAST NAME	APPLICATION DATE
ADDRESS		CITY/STATE	ZIP CODE
PHONE	EMAIL ADDRESS		DATE OF BIRTH (MM/DD/YYYY)

EMERGENCY CONTACT		
NAME	PHONE	RELATIONSHIP

EDUCATION	
CHECK HIGHEST GRADE COMPLETED <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE <input type="checkbox"/> GRADUATE DEGREE	NAME OF LAST SCHOOL ATTENDED

EMPLOYMENT		
MOST RECENT EMPLOYER	ADDRESS	PHONE
JOB TITLE	EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	EMPLOYMENT DATES
HAVE YOU EVER BEEN EMPLOYED AT MPL? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE PROVIDE DATES OF EMPLOYMENT.	

VOLUNTEER INTERESTS	
WHY DO YOU WANT TO VOLUNTEER AT THE MILWAUKEE PUBLIC LIBRARY?	
IS THIS COURT ORDERED COMMUNITY SERVICE?	
HAVE YOU EVER BEEN BANNED FROM MPL? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE PROVIDE THE DATE(S) AND DETAILS.
PLEASE CHECK ALL VOLUNTEER AREAS THAT INTEREST YOU:	
<input type="checkbox"/> ON-CALL VOLUNTEER CREW	<input type="checkbox"/> COMPUTER COACH
<input type="checkbox"/> OUTREACH AMBASSADOR	<input type="checkbox"/> SPECIAL COLLECTIONS AND ARCHIVES
<input type="checkbox"/> VIRTUAL PROGRAMMING	<input type="checkbox"/> OTHER:
<input type="checkbox"/> IN-PERSON TUTORING	<input type="checkbox"/> SUMMER READING PROGRAMS
DO YOU PREFER WORKING: <input type="checkbox"/> BEHIND THE SCENES AND/OR <input type="checkbox"/> WITH THE PUBLIC	DO YOU PREFER WORKING WITH (SELECT ALL THAT APPLY): <input type="checkbox"/> ADULTS <input type="checkbox"/> CHILDREN <input type="checkbox"/> TEENS

AVAILABILITY							
DAY	<input type="checkbox"/> SUNDAY	<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY
TIME							

SKILLS
PLEASE LIST ANY SPECIAL SKILLS OR INTERESTS YOU HAVE TO HELP MATCH YOU TO YOUR VOLUNTEER ASSIGNMENT.
WHAT OTHER LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK? PLEASE LIST LEVEL OF PROFICIENCY FOR EACH.
EFFORTS WILL BE MADE TO REASONABLY ACCOMMODATE VOLUNTEERS WITH DISABILITIES. PLEASE LIST ANY ACCOMMODATIONS YOU REQUEST.

REFERENCES			
NAME	ADDRESS	PHONE	RELATIONSHIP
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PLEASE READ CAREFULLY BEFORE SIGNING				
<p>I certify all information provided on this application is true and complete. I understand that falsification of this application may result in disqualification from volunteer opportunities. I authorize the Milwaukee Public Library to make any inquiries about and receive any information about my suitability for volunteer work, including conducting a criminal background check. I give permission to persons contacted to provide such information. I forever waive, release, and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be as effective as the original. I further understand that there is no compensation for volunteer services, no will subsidies be paid for transportation, parking, meals, etc. nor will volunteer service lead to employment with the Milwaukee Public Library.</p>				
<table border="1"> <tr> <td>SIGNATURE (TYPED ACCEPTED)</td> <td>DATE</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	SIGNATURE (TYPED ACCEPTED)	DATE		
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PARENT OR GUARDIAN CONSENT (ONLY FOR VOLUNTEERS UNDER AGE 18)		
<p>I give permission for the above applicant to volunteer at the Milwaukee Public Library. I fully understand the nature of the activity described above and the risk of injury or loss of property associated with that activity. By signing, I release the Milwaukee Public Library and its employees from any claims made by the minor should injury or loss of property occurs as a result of their participation.</p> <p>I acknowledge having read this Consent and Release information and fully understand its contents and the consequences of signing this form.</p>		
NAME	PHONE	RELATIONSHIP
SIGNATURE (TYPED ACCEPTED)		DATE

PLEASE RETURN COMPLETED AND SIGNED APPLICATIONS BY EMAIL OR MAIL TO:
 VOLUNTEER COORDINATOR | MPLVOLUNTEER@MILWAUKEE.GOV
 MILWAUKEE PUBLIC LIBRARY, 814 W. WISCONSIN AVE, MILWAUKEE, WI 53233