



# Volunteer Application

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ Telephone (Evening) \_\_\_\_\_ Best time to call: \_\_\_\_\_

By what other names have you been known: \_\_\_\_\_

**You must be at least 13 years of age to volunteer.** Volunteers under 18 years of age must have a parent/guardian complete the consent section on the reverse side of this application

If **over 18**, list month and day of your birth \_\_\_\_\_ If **under 18**, list full date of birth? \_\_\_\_\_  
(month, day and year)

In case of emergency, notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## EDUCATION

Check highest grade completed:  7  8  9  10  11  12 College (years or degrees completed): \_\_\_\_\_

Are you currently a student?  Yes  No If yes, which school do you attend? \_\_\_\_\_

## EMPLOYMENT

Most Recent Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_  Full-Time  Part-Time Dates: \_\_\_\_\_

## VOLUNTEER INTERESTS

Why do you want to volunteer? \_\_\_\_\_

If court ordered community service, what is the reason and how many hours are needed? \_\_\_\_\_

Please check the volunteer assignments that interest you: (further information on opportunities is available by clicking on [Insert link here](#))

<input type="checkbox"/> Adult Tutor	<input type="checkbox"/> Homework Help Tutor	<u>Special Events:</u>
<input type="checkbox"/> Adult English Language Conversation Coach – Forest Home Library	<input type="checkbox"/> Teen Advisory Board Member	<input type="checkbox"/> Harvest Fest – Central Library
<input type="checkbox"/> Archives and Special Collections – Central Library only	<input type="checkbox"/> Summer Book Buddies – all libraries	<input type="checkbox"/> Dr. Seuss Celebration – Central Library
	<input type="checkbox"/> Early Literacy Through Playing	<input type="checkbox"/> Other events (please include your email address so we may contact you as opportunities occur)

At which library would you like to volunteer? Please list your 1<sup>st</sup> and 2<sup>nd</sup> choices: \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_

Every effort will be made to match you with your first choice

Please note the days and times you are available:

Day:	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thu.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Time:							

How did you hear about volunteer opportunities at the library? \_\_\_\_\_

(over)

■ **SKILLS**

Please check all that you are familiar with:

PCs       Macs       Microsoft Word       Microsoft Excel       Microsoft Access       Internet Explorer

What language other than English do you:

Speak? \_\_\_\_\_ Read? \_\_\_\_\_ Write? \_\_\_\_\_

What special interests and/or skills do you have that may help us to match you with the best volunteer assignment?

\_\_\_\_\_

Efforts will be made to reasonably accommodate volunteers with disabilities. Please specify what accommodation(s) you are requesting.

\_\_\_\_\_

■ **REFERENCE INFORMATION** (personal or professional [e.g., teacher or supervisor]. No relatives please)

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP TO YOU

■ **OTHER**

If you have ever been convicted of an offense, other than minor traffic violations, list details below.

Charge	Date	Location	Court	Disposition of Case

**NOTE:** Convictions are not an automatic bar to volunteer placement, but are reviewed in relation to the duties you might perform. This information will be used only for volunteer-related purposes and only to the extent permitted by applicable law.

■ **PLEASE READ CAREFULLY BEFORE SIGNING:**

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification from volunteer activities. 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, nor will subsidies be paid for transportation, parking, meals, etc. nor will volunteer service lead to employment with the Milwaukee Public Library.

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

■ **PARENTAL / GUARDIAN CONSENT (for volunteers under age 18)**

I give permission for the above applicant to volunteer at Milwaukee Public Library for a maximum of \_\_\_\_\_ hours per week. 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 child or on behalf of the child should injury or loss of property occur as a result of his/her participation.

I acknowledge having read this Consent and Release information and fully understand its contents and the consequences of signing this form.

Name (please print): \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to Volunteer \_\_\_\_\_ Date: \_\_\_\_\_

Complete and sign the application (applications will not be accepted without signature)

Return application:

By mail: Office of Volunteer Services, Milwaukee Public Library, 814 W. Wisconsin Ave. Milwaukee, Wisconsin 53233

By fax (414)-286-3831

By email: mplvolunteer @ Milwaukee.gov (signed applications should be in pdf format)