



# Elisha D. Smith Public Library Volunteer Application

440 First Street, Menasha, WI 54952  
920.967.3662

**You must have a volunteer application on file in order to be an active Elisha D. Smith Public Library volunteer. For the safety of our patrons, the City of Menasha conducts criminal background checks. This form is confidential.**

**PLEASE PRINT IN PEN:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Phone Number (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Educational Level:**

Middle School – Grade \_\_\_\_\_  High School – Grade \_\_\_\_\_  College \_\_\_\_\_

**Interests and Skills:**

I am interested in the following volunteer opportunities at the library (check all that apply):

- Delivery of library materials to the homebound
- Special clerical projects (databases, local history, etc.)
- Shelving, straightening shelves
- Help at programs (setting up chairs, taking photos, monitoring a program, etc.)
- Help at children’s programs
- Summer library programs (crowd control, small trip chaperone, etc.)
- Housekeeping, watering plants, etc.
- Used book sale
- Teen Library Council

Your skills (check all that apply):

- Word processing software \_\_\_\_\_
- Other computer software \_\_\_\_\_
- Other \_\_\_\_\_
- Foreign languages \_\_\_\_\_
- Sign language

Do you prefer:  To work with the public  Behind the scenes

Please list any prior library or other related work or volunteer experience: \_\_\_\_\_

**Availability:** I am available the following days/times (circle all that apply).

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	Mornings	Mornings	Mornings	Mornings	Mornings	
Afternoons	Afternoons	Afternoons	Afternoons	Afternoons	Afternoons	Afternoons
Evenings	Evenings	Evenings	Evenings	Evenings		

I would like to volunteer \_\_\_\_\_ hours per week, \_\_\_\_\_ hours per month.

Is this a service project for school, college or a youth group?  Yes  No

If yes, total hours needed \_\_\_\_\_ By what date \_\_\_\_\_

Is this a requirement to fulfill court-ordered community service (including Teen Court)?  Yes  No

If yes, total hours needed \_\_\_\_\_ By what date \_\_\_\_\_

**References:** Please list names and phone numbers of two references you give us permission to contact.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contacts:** Please list at least one, preferably two, emergency contacts.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**LEGAL REQUIREMENTS:** Criminal background information and waiver must be completed for all volunteers.

Please list ALL instances in which you were convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of your request to volunteer. **CHECK HERE IF NOT APPLICABLE**

*Approximate dates may be listed:*

Date	Location	Charge	Court	Disposition of Case

*NOTE: A conviction record or pending arrest record does not constitute an automatic bar to volunteer and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the City of Menasha deems there is a bona fide occupational qualification inherent in the position which requires this information prior to a volunteer assignment.*

### **Volunteer Agreement and Release**

The undersigned does hereby agree to fully release, indemnify, defend and hold harmless the City of Menasha, the Elisha D. Smith Public Library and any of their officers, officials, employees, agents and the like from and against any and all liability, loss, damage, expense or costs (including attorney's fees) arising in any way out of my volunteer activities except where such liability results from the sole negligence or willful misconduct of the City of Menasha or Elisha D. Smith Public Library.

I further understand I will not be paid for my services as a volunteer. I also understand that the Elisha D. Smith Public Library is a smoke-free, drug-free, and alcohol-free environment, and will not participate if under the influence of alcohol or illegal drugs. I am aware that a criminal background check/history may be run from the information that I have provided.

I understand that all library users have a legal right to privacy. Any and all information pertaining to anyone's use of the Elisha D. Smith Public Library will be held as strictly confidential.

**THE UNDERSIGNED HAS READ THIS DOCUMENT IN ITS ENTIRETY AND UNDERSTANDS THAT CERTAIN LEGAL RIGHTS ARE OR MAY BE FORFEITED BY VOLUNTARILY SIGNING THIS AGREEMENT BELOW.**

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

Signature of Parent/Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

<b>For Library Use Only</b>	
Date received _____	Background check completed _____
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	Date notified _____
Start Date _____	Name of Supervisor _____ Department _____