



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 _____ Male Female
 Social Security # _____ Race _____
 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 and that by law all information pertaining to anyone's use of the Elisha D. Smith Public Library must be held as strictly confidential.

I HAVE READ THIS DOCUMENT IN ITS ENTIRETY AND UNDERSTAND THAT CERTAIN LEGAL RIGHTS, AS THEY PERTAIN TO THE ABOVE PARAGRAPHS AND LIBRARY POLICY, MAY BE FORFEITED BY VOLUNTARILY SIGNING THIS AGREEMENT BELOW.

Signature _____ Date _____

Signature of Parent/Guardian (if under 18) _____ Date _____

For Library Use Only

Date received _____ Background check completed _____

Approved Not approved Date notified _____

Start Date _____ Name of Supervisor _____ Department _____