

## APPLICATION FOR ADULT VOLUNTEER

### APPLICANT INFORMATION:

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Do you have a valid Wisconsin driver's license?     Yes     No

### EMERGENCY CONTACT INFORMATION

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

### SKILLS AND INTERESTS

Volunteer experience:     Yes     No

Where? \_\_\_\_\_

What did you do? \_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_

Reason for seeking volunteer work: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

### EDUCATION (check highest level)

Elementary     High School     Technical School     Some college

College degree or professional training in \_\_\_\_\_

### JOB INTEREST

Please list available volunteer jobs you are interested in: \_\_\_\_\_

Available listed at [www.oregonpubliclibrary.org/support-your-library/volunteer](http://www.oregonpubliclibrary.org/support-your-library/volunteer).

How long are you committing to volunteer?

3 months  6 months  1 year  other \_\_\_\_\_

I would be interested in:

Special Projects  Special Events

Please list availability in case volunteer jobs open:

| <b>Library's Open Hours</b> | <b>Monday</b><br>9 am – 8 pm | <b>Tuesday</b><br>9 am – 8 pm | <b>Wednesday</b><br>9 am – 8 pm | <b>Thursday</b><br>9 am – 8 pm | <b>Friday</b><br>9 am – 6 pm | <b>Saturday</b><br>9 am – 3 pm |
|-----------------------------|------------------------------|-------------------------------|---------------------------------|--------------------------------|------------------------------|--------------------------------|
| <b>Availability</b>         |                              |                               |                                 |                                |                              |                                |

**VOLUNTEER RELEASE FORM/STATEMENT OF RESPONSIBILITY**

I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I shall indemnify and hold harmless the Village of Oregon and the Oregon Public Library, its board and officers, agents and employees from and against all claims, demands, loss of liability of any kind or nature for any possible injury incurred during volunteer service.

I certify that the information included in this application is true, complete, and correct to the best of my knowledge and belief. Due to the sensitivity of some of the volunteer jobs (e.g. homebound delivery or activities with children), I consent to Oregon Public Library doing a background check. I understand that my volunteer service may be conditional upon completion of a background check.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**For Staff Use Only:**

Received application on \_\_\_\_\_  
Contacted applicant on \_\_\_\_\_  
Orientation scheduled for \_\_\_\_\_  
Assigned supervisor \_\_\_\_\_. (Email supervisor contact info.)  
Schedule: \_\_\_\_\_.