



Greenfield Public Library Volunteer Application

5310 W. Layton Ave., Greenfield, WI 53220

Ph (414) 321-9595

Date _____

Name

Last _____ First _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Home Ph _____ Cell Ph _____

Email _____ Date of Birth _____ (year opt if adult)

Present or former employer (list school if student) _____

Please check the day(s) and time(s) you are available to volunteer:

Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ Sun ___

Morning _____ Afternoon _____ Evening _____

How many hours per week would you like to volunteer? _____

I would like to volunteer in the following areas: *(You may choose more than one.)*

- Shelf maintenance
- Dusting shelves
- Cleaning internet stations
- Library special events (usually 1 – 2 per year)
- Miscellaneous tasks

Are you planning to fulfill required **student community service hours**? Yes ___ No ___

Number of hours _____ By what date? _____

Do you have any special skills you would like to share as a volunteer?

Reference Information

Please list 3 references familiar with your work:

- 1. Business/Name _____ Contact _____
Address _____ City _____ State ____ Zip____
Daytime Ph _____ Evening Ph _____

- 2. Business/Name _____ Contact _____
Address _____ City _____ State ____ Zip____
Daytime Ph _____ Evening Ph _____

- 3. Business/Name _____ Contact _____
Address _____ City _____ State ____ Zip____
Daytime Ph _____ Evening Ph _____

Emergency Contact

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Home Ph _____ Work Ph _____ Cell Ph _____

Have you ever been convicted of any criminal offense?

____ Yes ____ No

If "yes" please explain. _____

Do we have your permission to contact your references and conduct a background check if necessary?

____ Yes ____ No

I certify that all statements made in this application are true and correct to the best of my knowledge, and I agree and understand that if I am accepted into the Greenfield Public Library Volunteer Program, any false statements may result in my dismissal from the program. I acknowledge that there is no salary or other compensation for my services as a volunteer.

Signature of Applicant _____ Date _____

Signature of Parent/Legal Guardian (If under 18) _____ Date _____

Print Name of Parent/Legal Guardian (If under 18) _____

Administrative Use Only

Date screened: _____

Action/Placement: _____

Staff Assigned to: _____

Notes from staff supervisor: _____

Orientation Date: _____

Notes: