

Hustisford Community Library

www.hustisford.lib.wi.us

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name _____

E-Mail Address _____

Telephone (Day) _____ (Cell) _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

In case of emergency, notify (Name): _____

Telephone: _____ Relationship: _____

You must be at least 14 to volunteer. Volunteers under 18 must have a parent/guardian complete the consent section on the reverse side of this application. Age if under 18 _____

VOLUNTEER INTERESTS

Why do you want to volunteer?

For each day, indicate times you might be available to complete a two or three hour shift:

Mon: ___ to ___ Tue: ___ to ___ Wed: ___ to ___ Thu: ___ to ___ Fri: ___ to ___ Sat: ___ to ___

I would be interested in assisting with (check volunteer assignments listed below):

___ Adult Programming

___ Advocacy for libraries at public hearings and meetings

___ Beautification of library yards/gardens

___ Book discussion *

___ Children's Room activities * (applicants subject to background check)

___ Shelving and maintenance of library materials *

___ Teen activities * (applicants subject to background check)

Other _____

* Training provided.

OCCUPATION AND/OR EDUCATION

Circle highest grade completed 9 ___ 10 ___ 11 ___ 12 ___

College/Graduate School (degrees completed) _____

Current and /or former Occupation _____
Employer _____
Are you a student? Yes ____ No ____
Which school do you attend? _____

SKILLS

Do you know how to use a computer? Yes No
Are you familiar with: Internet _____ Word _____ Microsoft Excel _____

What language(s) other than English do you speak and/or write with fluency _____

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

REFERENCE INFORMATION:

Please provide a reference. Personal ____ Professional ____
Name (first and last) _____ Phone _____
Applicant Signature _____ Date _____

PARENT/GUARDIAN CONSENT (for volunteers under age 18)

I give permission for the above applicant to volunteer at The WJ Niederkorn PublicLibrary for a
maximum of _____ hours per week (three hours minimum). If you need to reach me, my phone
number is Day _____ Evening _____ Cell _____
Parent/Guardian Signature _____ Date _____

Please complete and turn in to Annie Bahringer at the Hustisford Community Library:
609 W Juneau St
Hustisford, Wi 53034
920-349-3463
Or email: abahringer@monarchlibraries.org

FOR HCL VOLUNTEER SITE SUPERVISOR ONLY

Interview Date _____ Interviewed by _____ Accepted Yes No
Start Date _____ Assignment _____
Comments: _____
