



Volunteer Application

Thank you for your interest in volunteering at the Carnegie-Schadde Memorial Public Library! Volunteers like you partner with paid library staff to provide quality collections, services, and programs for our community. Through your valuable assistance you will have the opportunity to become more familiar with our library while also enjoying the personal satisfaction that community service can bring. We look forward to working with you!

Please print:

Name _____ Today's date _____

Birthdate (mm/dd/yy) _____ School Grade (if under 18) _____ (Parent signature required for minors. See back.)

Address _____

City/State/Zip _____

Preferred method(s) of contact: Phone Email Text

Preferred phone _____ Home Work Cell

Email _____

Emergency contact name/relationship/phone

Days you are available: MON TUE WED THU FRI SAT

Times you are available: Morning Afternoon Evening

Number of hours per week you would like to serve _____

Tasks you would enjoy _____

Tasks you would rather not perform _____

Particular interests/talents/skills _____

(over)

Please read carefully and sign to indicate your understanding and agreement:

- I understand volunteers serve on an “at-will” basis, without wages, benefits, or compensation* of any kind, including travel expenses.
- I agree to be respectful to all library patrons and to perform duties as directed by library staff.
- I understand I will be recognized by the public as a representative of the library and thus expected to abide by the same work and behavior codes as employees.
- I will respect the library’s policy of strict confidentiality. I agree to never disclose any information, no matter how well-intended or apparently innocuous, as to what any patron has read, borrowed, used, or perused at the library.
- I give permission to use my photographic image (still or moving) for publicity and other library-related purposes. This includes print, electronic, and online publications.
- I agree to notify library staff in advance if I cannot work at a time that I am scheduled.

I consent to the Carnegie-Schadde Memorial Public Library initiating a criminal background check. I understand the library may deny my application for any reason and without explanation.

*** Please initial _____

Print Name

Signature

Date

For parents or guardians of minors who wish to volunteer:

My child has my permission to serve as a volunteer at the Carnegie-Schadde Memorial Public Library. I agree to help my child be prompt and reliable in fulfilling his or her duties.

Print Name

Phone Number

Signature

Date

**The City of Baraboo does not provide worker’s compensation coverage for volunteers. The City requires negligence on the City’s part for volunteers to collect on the City’s self-insured liability coverage. Only the volunteer’s own automobile coverage will cover auto claims.*