



Fitchburg Public Library Volunteer Application

Name _____ Date _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ (home) _____ (cell)

Email _____

Last four numbers of Social Security Number _____

Emergency Contact

Name _____

Address _____

Phone _____ (home) _____ (cell)

Relationship to you _____

Why are you interested in volunteering with the Fitchburg Public Library?

Previous work or volunteer experience:

When are you available?

	Mon	Tue	Wed	Thu	Fri	Sat	Sun (Sept – May)
Mornings							
Afternoons							
Evenings							

How many hours a week are you available? _____

Are there months of the year you are not available? _____

What would you like to do? (Please check all that apply)

- Helping with library materials (shelving, searching)
- Assisting with adult programs (book clubs; program setup & cleanup)
- Assisting with youth programs (program preparation, setup & cleanup)
- Assisting with outreach events (block parties, book clubs, school events)
- Other: _____

Do you have any other skills or areas of expertise?

Do you have your own transportation? _____ Yes _____ No

Volunteer positions require a criminal background check. An authorization form is attached.

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?

No Yes Please explain:

References – Please list two references with phone numbers and email.

Name _____

Phone _____ Email _____

Relationship to you _____

Name _____

Phone _____ Email _____

Relationship to you _____

Please be aware of the following ADA requirements:

Physical demands: Light to medium work. Ability to see, hear, talk; finger dexterity. Ability to lift (up to 10 lbs.), carry, bend, reach, and kneel.

Mental demands: Ability to read and comprehend professional procedures, memos, policies, and safety instructions. Ability to speak clearly, concisely relate information, details and procedures to others.

As a volunteer for the City of Fitchburg, I will use all provided equipment appropriately and follow all safety practices. I am aware that the work associated with being a City volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of being given the opportunity to participate in the City's volunteer program, I hereby, on behalf of myself and my heirs, assume all risks in connection with my participation in the program, and I further hold harmless the City of Fitchburg, its officials, employees, and agents for any injury or damages which may occur to me while I am participating in this program, and I waive my right to bring claim or lawsuit against them for any such injury, damage, or death. Furthermore, I agree to hold harmless, defend and indemnify the City of Fitchburg, its officials, employees and agents from any and all claims and lawsuits for injury, loss or damage to other persons or entities which may arise in the future as a result of or connection with my participation in the volunteer program except for injuries or damages caused by the sole negligence of the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program. I agree to be the party responsible for all medical expenses which are incurred in my behalf.

I also give the library permission to take pictures of me participating in library events. These photos may be used for publicity, which may include the library's website or other social networking sites.

I also understand that in my capacity as a City of Fitchburg volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

I hereby certify that the information on the above application is true and is complete to the best of my knowledge. I have read and understood all statements on all four pages of this application.

My signature authorizes the City of Fitchburg to verify any of the information on this application.

Applicant's signature _____

Date _____

Please return completed application to:

Volunteer Coordinator
Fitchburg Public Library
5530 Lacy Rd
Fitchburg, WI 53711



For Office Use Only
Request Date: _____
Completed by: _____
Date: _____

Authorization for Release of Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Fitchburg-Fitchburg Public Library, whether said records are of a public, private or confidential nature.

I am aware that a thorough investigation of my background is to be conducted. I hereby authorize and request the release of any and all information concerning me to the City of Fitchburg or its agent upon presentation of this or copy hereof.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization may be considered in determining my suitability for volunteering with the Fitchburg Public Library. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature. This release form will be in effect for one year from the date of signing.

Volunteer:

Please Print:	First	Middle	Last
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Address:

Street and Number	City	State	Zip
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Date of Birth: _____ Social Security Number _____

Have you lived in any other state(s) in the last 5 years? If yes, please list prior addresses:

Signature of Applicant: _____ Date _____

Signature of Witness: _____ Date _____