

Volunteer Application



812 56th Street
PO Box 1414
Kenosha, WI 53141-1414
Personnel Phone: (262) 564-6325

Kenosha Public Library volunteer positions are year round and most positions require some evenings and weekends.
The Library does not accept volunteer work for court ordered community service fulfillment, or school mandated volunteers who need to complete their hours to meet a disciplinary requirement.

(Please Print Clearly Using Ink)

Last Name		First Name		Middle	
Address: Number	Apt. #	City	State	Zip Code	
Telephone Number(s)			Email Address:		
Are you 18 years or over? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, birth date: month day year		
Do you possess a valid WI Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have any restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Name:			Emergency Contact Phone Number(s):		
Emergency Contact Address:			Emergency Contact Relationship:		

Education

Did you graduate from high school or earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you still a student? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Other Education

Institution & Location	Years Attended	Program of Study	Degree/Year

Employment or Volunteer History (List most recent first)

Employer Name, Address, Telephone	Job title & brief description of work	Dates of Employment	May we contact this employer/organization?
			___ Yes ___ No
			___ Yes ___ No

Please Provide Professional and/or Personal References

First and Last Name	Relationship and Years Known	Telephone Number

Please note the skills, abilities, or interests below that are applicable to you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Previous Library Work | <input type="checkbox"/> Computer Work | <input type="checkbox"/> Foreign Language(s): _____ |
| <input type="checkbox"/> Arts and Crafts Ability | <input type="checkbox"/> Previous Childcare Work | |

Please tell us about any special interests, skills or hobbies: _____

Please list any physical limitations the library should know about: _____

Are you related to anyone employed by the Kenosha Public Library? Yes No If Yes, please provide the name and the relationship. (Volunteers cannot be supervised by a relative.)

Please indicate the areas you are interested in:

- | | | |
|--|--|---|
| <input type="checkbox"/> Shelf reading | <input type="checkbox"/> Garden Projects/Grounds Maintenance | <input type="checkbox"/> Greeter/Information Desk |
| <input type="checkbox"/> Assist with programs/events | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Computer instruction |
| <input type="checkbox"/> Homework Help | <input type="checkbox"/> Language Assistance | |

Your Availability - please list the days and times you are available to volunteer

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Begin							
End							

I will be able to volunteer starting: _____
 I need to complete my service by: _____
 I need to complete _____ hours of service.

I can commit to the following length of service:
 3 months 6 months
 12 months/1 year No limit

To the best of my knowledge, the above information is accurate and complete. Any material false statements or omission on this application will lead to immediate termination, and I agree that the Kenosha Public Library shall not be held liable in any respect if my volunteer placement is terminated for that reason. I authorize the companies, schools and persons named above to give any information requested regarding my employment, character and qualifications, and release and hold harmless Kenosha Public Library and the companies, schools and persons from any liability in doing so.

Signature: _____ **Date:** _____

FOR LIBRARY STAFF USE ONLY:

Assignment:	Position:	Start Date:	Supervisor	Branch Location/Comments
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