



Neuschafer Community Library Volunteer Application

Start Date (office use)

Today's date: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ City/Zip: _____

Phone: (____) _____ Email: _____

Preferred Contact Method: Call Email No Preference

In case of emergency, contact: _____ Phone: _____ Relationship: _____

1. Availability

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Preferred: Mornings Afternoons Evenings

I would like to volunteer approximately _____ days/hours (circle one) per week. I am available to start on/after this date: _____

2. Are your volunteer hours required for class or school? Yes No

If Yes, total hours needed: _____ Deadline for completion: _____

What school do you attend? _____

School contact person: _____ Phone: _____

3. Please describe any work/volunteer experience or skills that you have:

4. References (former employer, other volunteer experiences, teacher, etc.)

Name: _____ Email: _____ Phone: _____ Relationship: _____

Name: _____ Email: _____ Phone: _____ Relationship: _____

5. Background check (*required)

I consent to the Neuschafer Community Library doing a criminal background check. I understand that the Library may deny my application for any reason and without explanation.

*Date of birth: _____

*Signature of Volunteer Applicant: _____ Date: _____

Volunteer Agreement and Release

Please read the following statements and initial your acknowledgment after each section.

1. I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I shall indemnify and hold harmless the Village of Fremont and the Neuschafer Community Library, its Board and officers, agents, and employees from and against all claims, demands, loss or liability of any kind, or nature for any possible injury incurred during volunteer service.

*Initial to Agree:

2. I understand that a project for which my volunteer service is offered may involve heavy lifting and/or strenuous movements. I represent that I am not under a physician’s care for any back, spine, leg, neck, or arm conditions and that I do not have any such medical conditions that would prevent me from providing such volunteer services under such circumstances.

*Initial to Agree: *Initial to Disagree:

3. I agree that in the course of my participation in the Activities, I may have access to information of patrons, employees, and other persons. I agree to maintain the confidentiality of such information, to use such information only as necessary to do my job as a volunteer, and to comply with Library policies regarding such information.

*Initial to Agree:

Signature of Volunteer Applicant: _____ Date: _____

Signature of Parent/Guardian (if under 16): _____ Date: _____

Library Use Only

Date received: _____	Screened: _____	WPD: _____ <input type="checkbox"/>
<input type="checkbox"/> Approved	Orientation/start date: _____	
<input type="checkbox"/> Denied	Date notified: _____	
Comments: _____		
