

APPLICATION FOR ADULT VOLUNTEER

APPLICANT INFORMATION:

Last name: _____ First: _____ Middle: _____

Home/cell phone: _____ Email: _____

Address: _____

Date of birth: _____

Do you have a valid Wisconsin driver's license? Yes No

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

SKILLS AND INTERESTS

Volunteer experience: Yes No

Where? _____

What did you do? _____

Hobbies, Interests, Skills: _____

Reason for seeking volunteer work: _____

Physical limitations: _____

EDUCATION (check highest level)

High School Technical School Some college

College degree or professional training in _____

JOB INTEREST

Please list available volunteer jobs you are interested in: _____

Available listed at www.oregonpubliclibrary.org/support-your-library/volunteer.

How long are you committing to volunteer?

3 months 6 months 1 year other _____

I would be interested in:

Special Projects Special Events

Please list availability in case volunteer jobs open:

Library's Open Hours	Monday 9 am – 8 pm	Tuesday 9 am – 8 pm	Wednesday 9 am – 8 pm	Thursday 9 am – 8 pm	Friday 9 am – 6 pm	Saturday 9 am – 3 pm
Availability						

VOLUNTEER RELEASE FORM/STATEMENT OF RESPONSIBILITY

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 Oregon and the Oregon Public Library, its board and officers, agents and employees from and against all claims, demands, loss of liability of any kind or nature for any possible injury incurred during volunteer service.

I certify that the information included in this application is true, complete, and correct to the best of my knowledge and belief. Due to the sensitivity of some of the volunteer jobs (e.g. homebound delivery or activities with children), I consent to Oregon Public Library doing a background check. I understand that my volunteer service may be conditional upon completion of a background check.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Signature of Applicant: _____ Date: _____

Print name: _____

For Staff Use Only:

Received application on _____
Contacted applicant on _____
Orientation scheduled for _____
Assigned supervisor _____. (Email supervisor contact info.)
Schedule: _____.