

# CARTER MEMORIAL LIBRARY • VOLUNTEER APPLICATION FORM

405 E. Huron Street, Omro, WI 54963 | 920.685.7016 | www.omrolibrary.org

Full Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Are you over 16 years old?  yes  no If no, list school and grade: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

ARE YOU VOLUNTEERING AS PART OF COURT-ORDERED COMMUNITY SERVICE (including Teen Court)?

yes  no If yes, please indicate the offense involved: \_\_\_\_\_

## AVAILABILITY:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

I would like to volunteer approximately \_\_\_\_\_ hours per week.

I would prefer to be scheduled:  mornings  afternoons  on call / as needed



## REFERENCES:

Please list two references (former employer, other volunteer experiences, teacher, etc.).

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

## BACKGROUND CHECK:

I give my consent for a criminal background check which will be done by Carter Memorial Library.

Signature of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

## VOLUNTEER RELEASE FORM:

I understand that my services are being offered on a voluntary basis without anticipation of financial compensation. I will indemnify and hold harmless the City of Omro and Carter Memorial 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.

Signature of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

*(if volunteer is under 16)*