



Volunteer Application
West Bend Community Memorial Library
 630 Poplar St.
 West Bend, WI 53095
www.westbendlibrary.org

Name: _____ Date of Birth: _____
 Address: _____
 Home or Mobile Phone: _____ Work Phone: _____
 Email: _____
 Education: High School _____ College _____ Major _____

Do you have any previous library experience (volunteer or paid)? Yes _____ No _____

Please describe why you are interested in volunteering at the West Bend Community Memorial Library:

Please describe any other skills, interests, education, or training you would like to use as a volunteer:

How did you hear about volunteering at the library?

I would prefer to volunteer on:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

IF YOU ARE UNDER 18 YEARS OF AGE:

Is this a service project? _____ How many hours: _____ By what date: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

REFERENCE: Please list the name and number of a reference you are not related to and give us permission to contact.

Name: _____ Relationship: _____ Phone Number: _____

Please read the following carefully before signing:

I certify that the information included on this application is true and complete to the best of my knowledge. Any false information may result in the termination of volunteering at the West Bend Community Memorial Library.

I understand that it is highly important for the West Bend Community Memorial Library to protect the privacy of patrons who use its services and facility. I agree to treat any private information with the highest possible integrity and respect.

This application does not serve as an employment contract between the West Bend Community Memorial Library, the City of West Bend, and the volunteer. I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.

Signature _____

Date: _____

Guardian's Signature (if under 18) _____

Date: _____