

Sparta Free Library-Volunteer Application

124 W Main St Sparta, WI 54656
608-269-2010

You must have a volunteer application on file to be an active Sparta Free Library volunteer. For the safety of our patrons, Sparta Free Library may conduct a criminal background check.

Please Provide: A Photocopy of Valid State Identification.

This application is confidential

PLEASE PRINT

Personal Information:

First Name _____ M.I. _____ Last Name _____ Other name(s) used or maiden name _____

Street Address _____ City _____ State _____ Zip Code _____

Primary Phone Number:(_____) _____ - _____ Email address _____

Interests and Skills:

I am interested in the following volunteer opportunities at the Sparta Free Library (check all that apply):

- Shelving/Adopt-a-Shelf
- Used book sale
- Cleaning/Decorating
- Garden and Landscaping
- Special Clerical Projects
- Summer Library Program
- Delivery of library materials to the homebound
- Assistance with youth programs
- Assistance with teen programs
- Assistance with adult programs
- Other _____

Is this a service project for school or a youth group? Yes No

If yes, what school do you attend? _____

Availability: I am available the following days/times:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
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I would prefer to be scheduled: Mornings Afternoons Evenings Weekends

Number of hours per week I would like to work: _____

References: Please list references (employer or other volunteer experience) you give us permission to contact:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Emergency Contact:

Name: _____ Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Volunteer waiver

The undersigned does hereby agree to fully release, indemnify, defend and hold harmless the Sparta Free Library and any of their officers, officials, employees, agents and the like from and against any and all liability, loss, damage, expense or costs (including attorney’s fees) arising in any way out of my volunteer activities except where such liability results from the sole negligence or willful misconduct of the Sparta Free Library.

PLEASE NOTE: The Sparta Free Library do not provide insurance coverage for volunteers.

I further understand I will not be paid for my services as a volunteer. I also understand that the Sparta Free Library is a smoke-free, drug-free, and alcohol free environment and I will not participate if under the influence of alcohol or illegal drugs. I am aware that a criminal background check/history may be run from the information I have provided on the front of this form.

I understand that all library users have a legal right to privacy. Any and all information pertaining to anyone’s use of the Sparta Free Library will be held as strictly confidential.

THE UNDERSIGNED HAS READ THIS DOCUMENT IN ITS ENTIRETY AND UNDERSTANDS THAT CERTAIN LEGAL RIGHTS ARE OR MAY BE FORFEITED BY VOLUNTARILY SIGNING THIS AGREEMENT BELOW.

Signature: _____ Date: _____

(if under age 18) Parent Signature: _____ Date: _____

-- FOR OFFICE USE ONLY --

Background Check run: Approved: Not Approved:

Start Date: _____ Director/Supervisor Signature: _____