



McMillan Memorial Library

490 East Grand Avenue
Wisconsin Rapids, WI 54494
(715) 422-5136
www.mcmillanlibrary.org

Volunteer Application Form

Date of Application _____

(Please Print)

Name _____

(Print Name) Last,

First,

Middle

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

(Required)

Are you over 18 years of age? Yes / No (circle one) Date of Birth _____

Volunteer Interests:

_____ Digital Media Studio

_____ Shelving

_____ Hospitality

_____ Outreach (Deliver materials to homebound patrons)

_____ Library Programs (____Adult Programs ____Teen Programs ____Children's Programs)

Days you are available to volunteer:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday

How often can you work: _____ Every week _____ Every other week _____ Once a month

_____ Mornings _____ Afternoons _____ Evening

Volunteer Experience:

What is your motivation for volunteering? _____

Have you ever been a volunteer before? _____ Yes _____ No (Please list below)

Education and Training (highest completed):

_____ Jr. High _____ High School _____ Technical College _____ College Degree

Other Training _____

Please complete information on reverse side.

Strengthening our community through lifelong learning

Employment:

Present Occupation _____

Present Employer _____
Name Phone

Emergency Contact: _____
Name
Phone Relationship

References (Please provide two personal references)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and correct. I understand that a background check will be done and the information will be used to determine eligibility for volunteer positions. I further understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature _____ Date _____

Background Check Authorization

I hereby authorize McMillan Memorial Library to conduct a background check. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist McMillan Library in collecting this information. I understand that this is part of the screening process needed to complete my application to be a volunteer in their program. I also understand that the results of this check are confidential and will be treated as such.

_____, (_____),
(Print Name) Last, First, Middle Maiden or Former Name

Signature _____ Date _____

Parent/Guardian signature required if you are under 18 years of age.

Parent/Guardian Signature _____ Date _____

Background check information will be released to the parent or guardian if you are under 18 years of age. Please bring in this information prior to your first date for volunteering. You will not be able to volunteer until we have the background check report.