



Volunteer APPLICATION

BROWN COUNTY LIBRARY
 515 Pine Street
 Green Bay, WI 54301
 920-448-4400

1. Please print clearly.
2. Complete each section.
3. Complete Background Check Authorization (18 and older)

GENERAL INFORMATION	NAME:	TODAY'S DATE (mm/dd/yy):
	MAILING ADDRESS:	CITY/ZIP:
	PHONE:	BIRTHDATE (mm/dd/yy):
	ALT. PHONE:	EMAIL:

AREAS OF INTEREST	<input type="checkbox"/> MAILINGS	<input type="checkbox"/> KID'S PROGRAMS	<input type="checkbox"/> COSTUME CHARACTER
	<input type="checkbox"/> SPECIAL EVENTS	<input type="checkbox"/> NURSING HOME DELIVERY (18+)	<input type="checkbox"/> CENTRAL'S EDIBLE GARDEN
	<input type="checkbox"/> HOSPITALITY	<input type="checkbox"/> HOMEBOUND DELIVERY (18+)	<input type="checkbox"/> PAWS FOR TALES
	<input type="checkbox"/> LABELS	<input type="checkbox"/> SHELF-CHECKER	<input type="checkbox"/>
	<input type="checkbox"/> NO PREFERENCE	<input type="checkbox"/> OTHER _____	

Check all times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 9am - 1pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon 1 pm - 5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening 5pm - close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date you will be available to begin volunteering: _____
Do the hours need to be completed by a certain date? YES If yes, when? _____ NO

Library locations of interest:

- Central (downtown GB)
 Ashwaubenon
 Denmark
 East (GB)
 Kress Family (De Pere)
 Pulaski
 Southwest (GB)
 Weyers-Hilliard (Howard)
 Wrightstown

Reason(s) you would like to volunteer at the library:

**** All volunteer appointments are tentative subject to a satisfactory criminal record investigation.****

REFERENCES: Give the names of two persons, not related to you, whom you have known for at least two years.

NAME:	PHONE:
ADDRESS:	
NAME:	PHONE:
ADDRESS:	

Name: _____

EMERGENCY CONTACT(S)	NAME:	PHONE (H):
	RELATIONSHIP TO YOU:	PHONE (W):
	NAME:	PHONE (H):
	RELATIONSHIP TO YOU:	PHONE (W):

MEDICAL INFORMATION	List any Medical Information you wish to have on file:	
	DOCTOR:	PHONE:
	PREFERRED HOSPITAL:	LOCATION:
	ALLERGIES:	
	MEDICAL CONDITIONS:	
	MEDICATIONS:	
BLOOD TYPE:		

If selected, I agree to devote the number of hours required to successfully complete the volunteer activity.

Signature: _____ Date: _____

Parent Signature if under the age of 18: _____

THANK YOU!

Please return this completed form to:

BROWN COUNTY LIBRARY

ATTN: Stephanie

515 Pine Street

Green Bay, WI 54301

FOR LIBRARY USE ONLY:	Start Date:	End Date:
Assignments:	Total Hours Volunteered:	
Notes:		