



# Volunteer APPLICATION

**BROWN COUNTY LIBRARY**  
515 Pine Street  
Green Bay, WI 54301  
920-448-5825

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/STATE/ZIP:
PHONE:	BIRTHDATE (mm/dd/yy):	
EMAIL:		

**AREAS OF INTEREST**

- |                                                |                                            |                                         |
|------------------------------------------------|--------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> ADULT PROGRAMS        | <input type="checkbox"/> CLERICAL          | <input type="checkbox"/> LOCAL HISTORY  |
| <input type="checkbox"/> BOOKMOBILE            | <input type="checkbox"/> GARDEN            | <input type="checkbox"/> PAWS FOR TALES |
| <input type="checkbox"/> CHILDREN'S DEPARTMENT | <input type="checkbox"/> GREETER           | <input type="checkbox"/> OTHER _____    |
| <input type="checkbox"/> CHILDREN'S PROGRAMS   | <input type="checkbox"/> LIBRARY MATERIALS |                                         |

**AVAILABILITY**

Check all times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<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: \_\_\_\_\_

Are you required to complete these hours for community service?     YES     NO

Library locations of interest:

- |                                                |                                         |                                                   |                                      |                                                 |
|------------------------------------------------|-----------------------------------------|---------------------------------------------------|--------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Central (downtown GB) | <input type="checkbox"/> Ashwaubenon    | <input type="checkbox"/> Denmark                  | <input type="checkbox"/> East (GB)   | <input type="checkbox"/> Kress Family (De Pere) |
| <input type="checkbox"/> Pulaski               | <input type="checkbox"/> Southwest (GB) | <input type="checkbox"/> Weyers-Hilliard (Howard) | <input type="checkbox"/> Wrightstown |                                                 |

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

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

**I certify that all information I have provided is correct. I understand that falsification of information, or omissions from this application may result in disqualification or removal from a volunteer position. I understand that my eligibility is also contingent upon the completion of a satisfactory background check.**

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

Parent Signature if under the age of 18: \_\_\_\_\_

THANK YOU! *You will be contacted by the Volunteer Coordinator within the next 3 weeks.*

***Please return this completed form to:***  
BROWN COUNTY LIBRARY  
ATTN: Volunteer Coordinator  
515 Pine Street  
Green Bay, WI 54301

<b>FOR LIBRARY USE ONLY:</b>	<b>Start Date:</b>	<b>End Date:</b>
<b>Assignments:</b>	<b>Total Hours Volunteered:</b>	
<b>Notes:</b>		

Background check completed. Date: \_\_\_\_\_