



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

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

Background check completed. Date: _____