



Volunteer APPLICATION

BROWN COUNTY LIBRARY
browncountylibrary.org/locations-hours

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

- ☐ CLERICAL (Central Library Only)
- ☐ LIBRARY MATERIALS
- ☐ YOUTH SERVICES
- ☐ OTHER _____

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

If YES, How many hours? _____ By what date? _____

Library location(s) of interest:

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

Tell us why 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:

Location/Department:		
Start Date:	End Date:	
Assignments:		Total Hours Volunteered:
Notes:		

☐ Background check completed. Date: _____