

# Brown County Library Volunteer Application

1. Please print clearly
2. If you are 18 and older, complete the background check authorization forms.

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_

Email \_\_\_\_\_

Date you will be available to start volunteering \_\_\_\_\_

Are you required to complete these hours for community service? \_\_\_\_\_

Is YES, how many hours \_\_\_\_\_ By what date \_\_\_\_\_

What days of the week are you available to volunteer

Monday	AM	_____	PM	_____
Tuesday	AM	_____	PM	_____
Wednesday	AM	_____	PM	_____
Thursday	AM	_____	PM	_____
Friday	AM	_____	PM	_____
Saturday	AM	_____	PM	_____

Library location(s) of interest

\_\_\_\_\_ Central (downtown Green Bay)  
\_\_\_\_\_ Pamperin (Ashwaubenon)  
\_\_\_\_\_ Denmark  
\_\_\_\_\_ East (Green Bay)  
\_\_\_\_\_ Kress Family (De Pere)  
\_\_\_\_\_ Southwest (Green Bay)  
\_\_\_\_\_ Weyers-Hilliard (Howard)  
\_\_\_\_\_ Wrightstown

Tell us why you'd like to volunteer at the library

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I certify that all the 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 three weeks.

Please return completed form to:  
Brown County Library  
ATTN: Volunteer Coordinator  
515 Pine Street  
Green Bay, WI 54301