Jack Russell Memorial Library 100 Park Avenue, Hartford WI 53027 (262) 673-8240 Library Volunteer Application

	ERSONAL INFORMATION (Please Print) st Name First Name		Middle Name					
asi Name								
Address								
	·		1					
City	State				Zip Code			
Primary Phone Number				Secondary Phone Number				
•								- 0.00
Email Address								
Birthdate	Month	Day	Year	Volunteers under 18	years of age must h	nave a parent/gua	rdian signature on app	olication.
		Name		Phone Number			Relationship	
n case of em	nergency, notify							
Have you vo	olunteered at a library	y before? Yes / N	lo	lf yes, which library	/			
What tasks	did you perform?			a				
Are you volu	unteering as a Comm	nunity Service Proje	ct? Yes / No					
if yes; Num	nber of hours to fulfill:	: To	be completed by	(date):	·			
	ck one of the followin				Scho	ool		
	ered commu <u>nity servi</u>							
								
						<u> </u>		<u>n ngaharak in</u>
	ck the days and mark				F-4	0-4	\neg	
Day:	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	-	
Time:					<u></u>			
	ck the Areas of Intere		als to their proper	location				
Shelf-	reading - making sur	e books are in their	proper order on the	ne shelves				
Helpin	ng at children's progra	ams						
Mendi	ing or cleaning of Lib	rary material						
Pulling	g holds for loan to otl	her libraries						
Shelf	cleaning / dusting su	rfaces throughout th	ne Library					
Cuttin	ig out crafts (can be o	done at home)						
Other								
certify that	READ CAREFUL t I am in good health illlingness and ability t all statements made	and can sit, stand, to commit to regula	lift, and move obje r days, times and	ects. tasks. ttached documents, a	ire true and comp	olete to the best	of my knowledge.	I understand (
			***	Cit	th and Coast		Date	
Signature o	of Volunteer			Signature of Parer	iveegai Guardian	1	Daig	



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DATE:						
TO:	City of Hartford Po	Police Chief				
FROM:	Jack Russell Memo	norial Library Director				
RE:	Background Check for Prospective Library Volunteer					
		er, please perform a background check and return the information to my office				
as soon as possible.						
Thank you.						
		e position of volunteer with the Jack Russell Memoria c of both my traffic and criminal record.				
Complete Spelling of Y Middle Initial:	our Name, Including					
Signature:						
Driver's License Numb	er:					
Date of Birth:	_					



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JACK RUSSELL MEMORIAL LIBRARY VOLUNTEER LIABILITY WAIVER FORM

I understand that while performing volunteer duties at the Jack Russell Memorial Library I will frequently be required to stand, walk, sit, use hands to finger, handle or feel objects, tools, control; talk and hear. Volunteers are occasionally required to reach with hands and arms, climb or balance, stoop, kneel, crouch, crawl and smell. I understand that volunteers must regularly lift and/or move more than 50 pounds and frequently move book trucks up to 100 pounds. Specific vision abilities required for volunteer work include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust and focus.

I understand that if I have any medical conditions, allergies, and/or disabilities the Library Director should be aware of, I should discuss this with the Library Director before signing the Volunteer Liability Waiver Form.

I do hereby release Jack Russell Memorial Library, its successors and assigns, and its employees, agents and servants of all claims, suits, or damages which may arise as a result of any accident or injury which may occur from my participation in volunteer duties, using the facilities, or engaging in library activities.

I have executed the liability waiver on the	day of	, 20
Signature	<u>_</u>	
Printed Name		
Parent's or Guardian's Signature for Minors		