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

## Library Volunteer Application

Last Name	IN OLIMATIO	FORMATION (Please Print)				Middle Name	Date Received:	
Address					····			
City			State			Zlp Codé		
Primary Phone Number				Secondary Phone Number				
Emall Address								
		Volunteers under 18 years of age must hav				ust have a parent/g	uardian signature on application.	
Birthdate	Month	Name	Year	Phone Number			Relationship	
In case of emerge	ncy, notify							
Have you volunt	eered at a library	before? Yes /	No	if yes, which library				
What tasks did y	ou perform?							
	_							
•		unity Service Pro						
-		Ť						
Please check on	e of the following	j:Court	Ordered _	Organizat	on	_ School		
f court ordered	community service	e, what is the rea	ison:	**				
VOLUNTEER	INTERESTS				er gefored Total er Kong New York (1985)			
Please check the	days and mark	the times you are	available to volu	inteer:	_		1	
Day:	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	_	
Time:								
Please check the	Areas of Interes	·it·						
		ilng Library mater	rials to their prop	er location				
·		books are in thei						
	children's program		• • • • • • • • • • • • • • • • • • • •					
	cleaning of Libra							
	is for loan to othe							
		aces throughout t	he Library					
<del></del> _	crafts (can be do							
Other	,	•						
certify that I am certify a willingn certify that all st	in good health ar ess and ability to atements made b	Y BEFORE SI nd can sit, stand, commit to regula by me in this appli ork will be reviewe	lift, and move ob ir days, times and leation, and any a	d tasks, attached documer	its, are true and diment or perform	complete to the be ance can lead to o	est of my knowledge, I dismissal as a volunteer.	
Signature of Volu	nteer			Signature of Pare	ent/Legal Guardia	an	Date	



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DATE:					
TO: City of	Hartford Police Chief				
FROM: Jenni	er Einwalter, Library Director				
	al Background Check for Prospective Library Employee				
Using the information provi	ded in this memorandum and the employee's job application, please k on and return the information to my office as soon as possible.				
	s of this offer of employment and accept the position of Library Aide al Library. I also authorize the background check of both my traffic				
Date:					
Complete Spelling of name Including middle initial:	,				
Date of Birth:					
Driver's License Number:					
Signature:					



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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		
Signature		
Printed Name		
Parent's or Guardian's Signature for Minors		