





CITY HALL • 109 NORTH MAIN STREET • HARTFORD, WI 53027

DATE: \_\_\_\_\_  
TO: City of Hartford Police Chief  
FROM: Jennifer Einwalter, Library Director  
RE: Criminal Background Check for Prospective Library Employee

Using the information provided in this memorandum and the employee's job application, please perform a background check on and return the information to my office as soon as possible.

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I understand the conditions of this offer of employment and accept the position of Library Aide of the Jack Russell Memorial Library. I also authorize the background check of both my traffic and criminal record.

**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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent's or Guardian's Signature for Minors