

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

PERSONAL INFORMATION (Please Print)

Date Received:

Last Name		First Name		Middle Name	
Address					
City		State		Zip Code	
Primary Phone Number			Secondary Phone Number		
Email Address					
Birthdate Month _____ Day _____ Year _____			Volunteers under 18 years of age must have a parent/guardian signature on application.		
In case of emergency, notify Name _____		Phone Number _____		Relationship _____	
Have you volunteered at a library before? Yes / No _____			If yes, which library _____		
What tasks did you perform? _____					
Are you volunteering as a Community Service Project? Yes / No _____					
If yes: Number of hours to fulfill: _____ To be completed by (date): _____					
Please check one of the following: _____ Court Ordered _____ Organization _____ School					
If court ordered community service, what is the reason: _____					

VOLUNTEER INTERESTS

Please check the days and mark the times you are available to volunteer:

Day:	_____ Mon.	_____ Tue.	_____ Wed.	_____ Thur.	_____ Fri.	_____ Sat.
Time:						

Please check the Areas of Interest:

____ Shelving - sorting and returning Library materials to their proper location

____ Shelf-reading - making sure books are in their proper order on the shelves

____ Helping at children's programs

____ Mending or cleaning of Library material

____ Pulling holds for loan to other libraries

____ Shelf cleaning / dusting surfaces throughout the Library

____ Cutting out crafts (can be done at home)

____ Other _____

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that I am in good health and can sit, stand, lift, and move objects.

I certify a willingness and ability to commit to regular days, times and tasks.

I certify that all statements made by me in this application, and any attached documents, are true and complete to the best of my knowledge. I understand that the volunteer's work will be reviewed by Library staff and poor commitment or performance can lead to dismissal as a volunteer.

Signature of Volunteer

Signature of Parent/Legal Guardian

Date



City of Hartford

CITY HALL - 109 NORTH MAIN STREET · HARTFORD, WI 53027-1591

DATE: _____

TO: City of Hartford Police Chief

FROM: Jennifer Einwalter, Library Director

RE: Background Check for Prospective City Employees

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

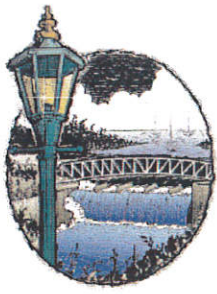
Date: _____

Complete Spelling of Your Name,
Including Middle Initial: _____

Signature: _____

Driver's License Number: _____

Date of Birth: _____



CITY HALL 109 NORTH MAIN STREET · HARTFORD, WI 53027

**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