

APPLICATION FOR VOLUNTEER SERVICE

Portage Public Library

ALL FIELDS ARE REQUIRED FOR APPLICATION TO BE PROCESSED

Applicant Information:

Last name: _____ First _____ Middle _____

Home/Work Phone: _____ Cell Phone: _____ Email Address: _____

Address: _____

Street

City

State

Zip

Date of Birth: Month ____ Day ____ Year ____

Applicants must be at least 18 years of age.

Do you have a valid Wisconsin Driver's License? Yes ___ No ___ Driver's License Number: _____

Education: High School ____ College ____ Other ____ Education/Background _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone # _____

Service Project:

Service project? Yes ___ No ___ How many hours? ____ By what date? ____ Organization _____

I am interested in volunteering for:

Friends Activities

(Membership Required)

- ____ Donation Sorter
- ____ Fundraising Assistant
- ____ Newsletter Assistant

Library Activities

- ____ Homebound Deliverer
- ____ Shelf Reader
- ____ Program Assistant
- ____ Groundskeeper Assistant
- ____ Deep Cleaning Assistant
- ____ Board Game Checker

Board Services

- ____ Library Board
- ____ Friends Board
- ____ Foundation Board

Revised: 04/01/2022 CT

Volunteer Waiver

As a volunteer for the Portage Public Library, I will use all equipment and facilities appropriately and follow all safety practices. I am aware the functions associated with being a library volunteer involve certain risks of physical injury or death. Being fully informed as to these risks and in consideration of being given the opportunity to participate in the library's volunteer program, I hereby, on behalf of myself and my heirs assume all risks in connection with my participation in the program, and I further hold harmless the City of Portage, the Portage Public Library, the Library Board, the Friends of the Library, the Library Foundation, their officials, employees, and agents and their assigns for any injury or damages which may occur to me while I am participating in this program, and waive all rights to bring claim or lawsuit against them for any such injury, damage, or death.

Furthermore, I agree to hold harmless, defend and indemnify the City of Portage, the Portage Public Library, the Library Board, the Friends of the Library and the Library Foundation, their officials, employees, and agents from any and all claims and lawsuits for injury, loss or damage to other persons or entities which may arise in the future as a result of or in connection with my participation in the volunteer program, except for injuries or damages caused by the sole negligence of the library. I authorize any necessary medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program. I agree to be the party responsible for all medical expenses which are incurred in my behalf.

As a volunteer, I further acknowledge that I am not an employee of the Portage Public Library or the City of Portage. Consequently, I do not possess and am not entitled to any of the rights or benefits that are possessed by the employees of the Portage Public Library or the City of Portage.

I also give the library permission to take pictures of me participating in library events. These photos may be used for publicity, which may include the library's website or other social networking sites.

Read the following carefully before signing:

I certify that the information included in this application is true, complete, and correct to the best of my knowledge and belief. I understand that my volunteer service is conditional upon completion of a background check.

Signature of Applicant: _____ Date: _____

Print Name: _____

First

Middle

Last

As an Equal Opportunity Employer, the library intends to comply fully with all Federal and State laws that prohibit bias in regard to race, color, religion, national origin, sexual orientation, age, sex or disability. The information requested on this application will not be used for any purposes prohibited by law.