

**APPLICATION FOR VOLUNTEER SERVICE**  
**Sun Prairie Public Library**

**Applicant Information:**

Last name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Social Security number: \_\_\_\_\_

Service project? Yes \_\_\_ No \_\_\_ How many hours? \_\_\_ By what date? \_\_\_\_\_ Organization \_\_\_\_\_

Check education: high school \_\_\_ college \_\_\_ major \_\_\_\_\_ special training \_\_\_\_\_

Hobbies/interests: \_\_\_\_\_

Do you have a valid Wisconsin Driver's License? Yes \_\_\_ No \_\_\_ Driver's License Number: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**I am a member of *Friends of the Sun Prairie Public Library*** Yes \_\_\_ No \_\_\_ (Please consider joining. See brochure.)

**I am interested in volunteering for:**

**Friends Activities**

Friends bookstore  
\_\_\_ Manager  
\_\_\_ Assistant manager  
\_\_\_ Sales  
\_\_\_ Scheduling

\_\_\_ Program coordinator  
\_\_\_ Friends programs  
\_\_\_ Membership coordinator  
\_\_\_ Volunteer coordinator  
\_\_\_ Friends Board

**Library Activities**

Technical Services  
\_\_\_ Annual magazine project  
\_\_\_ Shelf reading  
\_\_\_ Inventory

Adult Services  
\_\_\_ Home bound delivery  
\_\_\_ Adult programs  
\_\_\_ Donation sorter  
\_\_\_ Data entry

Children's Services  
\_\_\_ Children's programs  
\_\_\_ Reading to kids

\_\_\_ Prairie and grounds  
\_\_\_ Mailings  
\_\_\_ Surveys  
\_\_\_ Library Board  
\_\_\_ Foundation Board

When would you be available?

\_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings

**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

\_\_\_\_\_ Date: \_\_\_\_\_  
Guardian's Signature (Required if applicant is under age 18.)

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.

1/21/08