APPLICATION FOR VOLUNTEER SERVICE Sun Prairie Public Library

ALL FIELDS ARE REQUIRED FOR APPLICATION TO BE PROCESSED

Applicant Information:		
Last name:	First	Middle
Home Phone:	Cell Phone:	
Email Address:		
Address: Street	City	State Zip
Date of Birth: Month Day (Applicants must be at least 18 years of age.)	Year	
Do you have a valid Wisconsin Driver's License? Yes No Driver's License Number:		
Education: High School College	Other Education/B	ackground
Emergency Contact Information:		
Name: Relationship:		
Home phone #	Cell phone #	
Is this a Service Project? Yes No		
If yes, how many hours? By what date? Organization		
I am a member of Friends of the Sun Prairie	Public Library Voc. No.	(Plassa consider joining Soo brochura)
		(Please consider Johning, See brochure.)
I am interested in volunteering for:		
Ongoing/Regular Tasks	pard Service _ Library Board _ Friends Board _ Foundation Board	Friends Activities (Membership Required) Friends Bookstore Sales Clerk Donation Sorter Manager Scheduler
Project-Based Opportunities If you check this option, we will inclu one time or short-term volunteer oppo include: mailing or survey projects, an	rtunities. Examples of such activi	ties
Fundraising Activities/Events		



Volunteer Waiver

First

As a volunteer for the Sun Prairie 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 Sun Prairie, the Sun Prairie 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 Sun Prairie, the Sun Prairie 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.

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:		

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.

Last

Middle