

FOND DU LAC PUBLIC LIBRARY VOLUNTEER APPLICATION

PLEASE PRINT

Name _____
LAST FIRST MIDDLE INITIAL

Address _____

City/State/Zip _____

Phone _____ Email _____

Number of hours available per week: _____ Are you volunteering to work off fines? YES NO

Previous experience, skills or interests that would be helpful when working at the library:

Are you reporting these hours to another organization? YES NO

Current or most-recent employer: _____

Reason for leaving: _____

I agree to submit to a criminal background check and supply the following information as a condition of application for the FDL Public Library volunteer program. **Birth date** _____
MONTH/DAY/YEAR

Signature _____ Date _____

FOR APPLICANTS UNDER AGE 16: Parent/guardian permission

I _____ am aware that my daughter/son is applying to participate as a
PRINT NAME
volunteer at the Fond du Lac Public Library

Signature _____ Date _____

Confidentiality agreement

Confidentiality is of vital importance at the Fond du Lac Public Library. All library staff and volunteers are expected to maintain the utmost discretion when handling library records and patron information. Communication of personal information regarding library use must be regarded as confidential. Information acquired through volunteering must not be communicated to others. Any infringement will be considered grounds for immediate discontinuing of the volunteer relationship with the Fond du Lac Public Library.

I agree to abide by this agreement:

SIGNATURE

Volunteer positions

PLEASE CHECK YOUR PREFERENCE

- Circulation:** Shelve and organize materials, pull materials on hold, help with special projects
- Chapter 52 Bookstore:** Customer assistance and shelving in the used book store
- Homebound delivery:** Bring materials to persons who cannot visit the library (4 hours per month required)
- Work off fines:** \$2 in fines waived for every 1 hour of volunteer work