

# South Milwaukee Public Library

## Volunteer Application Form

### Applicant

Name: \_\_\_\_\_

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

Phone Number

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Personal Email: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Please describe any related work/volunteer experience you have:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

I understand that the South Milwaukee Public Library reserves the right to screen volunteers, to accept or reject any applications, and to place applicants in specific locations and positions based on the needs of the Library.

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the Library.

I understand that my volunteer service may end at any time for any reason with or without cause and with or without notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Agreement**

I understand that when I volunteer at the South Milwaukee Public Library, my actions are a reflection on myself as well as my organization and school.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_