Village of Butler Library Volunteer Application

Village of Butler 12621 W. Hampton Avenue Butler, WI 53007 262-783-2525 Butler Public Library 12808 W. Hampton Avenue Butler, WI 53007 262-783-2535

Participation Guidelines

Individuals ages 16 and older may participate. Fill out an application and return it to the department where you wish to volunteer or Village Hall. All volunteer applications are reviewed with consideration of current volunteer opportunities.

Name (First, Middle Initial, Last):		Date:
Address (Street, City, State, and Zip):		
Telephone: (Home)	(Cell)	
Email:		
Birth Date (Month, Day, Year):		
Grade (If a Student):	School:	
Do you have a valid Driver's License?	Yes No	
If yes, license number:		
Emergency Contact		
Name:	Relationship:	
Phone: (Home)	(Other)	

Availability

Email:

Please indicate the days and times you are available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Morning								
Afternoon								
Evening								
I am seeking this volunteer position:								
To satisfy school/class/scholarship community service requirements								
To be	come a regula	r volunteer						
Department in	nterested in vo	lunteering						
How many hours do you wish to volunteer each month? I will be able to volunteer beginning, Date:								
References	(No family	members)						
Name:			Rel	ationship:				
Phone:	e: Email:							
Name:			Rel	ationship:				
Phone:	Email:							
Guardian Information (Complete if applicant is under the age of 18)								
Name:			Rel	ationship:				
Address:								
Phone: (Home	e)		(Co	ell) Phone:				

Since your 18 th birthday, have you EVER been convicted of any violation of law waived into adult court and convicted) or are you now subject to a pending char and all pending charges and include relevant dates for felonies, misdemeanors, court-martial. In accordance with state law, pending criminal charges or any conconsidered unless they are substantially related to the circumstances of the job. Yes No If Yes, explain:	ge? Please list all convictions or conviction by a military
As a volunteer I understand that the volunteer activities may involve risks damage, including but not limited to bodily injury, personal injury, sickned property loss or damage. I expressly exempt and release the Village of Bu Library, and any of their officers, employees, and insurers, from and again and demands, on account of injury, loss, or damage, including without lim from bodily injury, personal injury, sickness, disease, death, property loss incur as a result of performing my volunteer activities. This includes any and demands resulting from the act, omission, negligence, or other fault of the Village of Butler, the Butler Public Library, any of their officers, or its any other causes whatsoever. By signing this application, I expressly agres such risks.	ess, disease, death, and attler, the Butler Public anst all liability, claims, mitation claims arising to or damage, that I may such liability, claims, on the part of myself, as employees, or from
I certify that the information included in this application is true, complete of my knowledge and belief. I understand that any falsification or omissic cause my immediate dismissal or no further consideration.	
Initial:	
I authorize the Village of Butler, its officers, agents, and employees to concriminal, DMV, and vehicle check prior to making a decision regarding morelease and hold harmless, the Village of Butler, their officers, agents, and person(s) providing the information, from any liability, related to the perfethis check.	ny volunteering. I d employees, and the
Signature of Volunteer	Date
Signature of Parent or Guardian of an applicant under 18 years of age	Date:

I give consent for my child named above to provide volunteer services to the Village of Butler. I also give the Village of Butler my consent to obtain any emergency medical treatment necessary for the safety of my child.