# APPLICATION FOR VOLUNTEER SERVICE

**Portage Public Library**

**\*ALL FIELDS ARE REQUIRED FOR APPLICATION TO BE PROCESSED\***

## Applicant Information:

Last name: First Middle

Home/Work Phone: Cell Phone: Email Address:

Address:

Street City State Zip Date of Birth: Month Day Year

## Applicants must be at least 18 years of age.

Do you have a valid Wisconsin Driver’s License? Yes No Driver’s License Number:

Education: High School College Other Education/Background

**Emergency Contact Information:**

Name: Relationship: Phone #

**Service Project:**

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

## I am interested in volunteering for:

**Friends Activities**

**(Membership Required)**

 Donation Sorter

 Fundraising Assistant

 Newsletter Assistant

## Library Activities

 Homebound Deliverer

 Adult Literacy Tutor

 Shelf Reader

 Program Assistant

 Groundskeeper Assistant

 Deep Cleaning Assistant

 Board Game Checker

\_\_\_\_Summer Lunch Program

## Board Services

 Library Board

 Friends Board

**Revised: 4/18/2024**

# Volunteer Waiver

As a volunteer for the Portage 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 Portage, the Portage 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 Portage, the Portage 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.

As a volunteer, I further acknowledge that I am not an employee of the Portage Public Library or the City of Portage. Consequently, I do not possess and am not entitled to any of the rights or benefits that are possessed by the employees of the Portage Public Library or the City of Portage.

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:

First

Middle

Last

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.