

Application Date: _____

APPLICATION FOR STUDENT VOLUNTEER SERVICE

Oregon Public Library
256 Brook Street Oregon, WI 53575
608-835-3656 www.oregonpubliclibrary.org

APPLICANT INFORMATION:

Last name: _____ First: _____ Middle: _____

Home/cell phone: _____

Email: _____

Address: _____

Date of birth: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

SKILLS AND INTERESTS:

Volunteer experience: _____

Hobbies, Interests, Skills: _____

Physical Limitations: _____

Reason for seeking volunteer work: _____

School I attend: _____ Grade: _____

AVAILABILITY:

When are you interested in volunteering? (Mark choices with an X.)

Monday Tuesday Wednesday Thursday Friday Saturday

I would prefer to be scheduled: Mornings Afternoons Evenings

Special events only On call

I would like to volunteer approximately _____ hours per week.

How long are you committing to volunteer?

3 months 6 months 1 year other _____

If you are volunteering to fulfill a community service requirement please note the name of the organization you are working with and any reporting or record keeping requirements.

VOLUNTEER RELEASE FORM/STATEMENT OF RESPONSIBILITY

I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I shall indemnify and hold harmless the Village of Oregon and the Oregon Public Library, its board and officers, agents and employees from and against all claims, demands, loss or liability of any kind or nature for any possible injury incurred during volunteer service.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Student Volunteer Signature: _____ Date: _____

PARENT: If volunteer is under the age of 16.

I, _____ (parent/guardian) give my permission for
_____ to volunteer at Oregon Public Library.

Parent Signature: _____ Date: _____