



Fitchburg Public Library Volunteer Application

Name _____ Date _____

Preferred name _____ Pronouns _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ (primary) _____ (secondary)

Email _____

Emergency Contact

Name _____

Phone _____ (primary) _____ (secondary)

Relationship to you _____

Why are you interested in volunteering with the Fitchburg Public Library?

Previous work or volunteer experience:

When are you available?

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

References – Please list two references with phone numbers and email.

Name: _____

Phone: _____ Email: _____

Relationship: _____

Name: _____

Phone: _____ Email: _____

Relationship: _____

Liability Waiver

As a volunteer for the City of Fitchburg, I will use all provided equipment appropriately and follow all safety practices. I am aware that the work associated with being a City volunteer involves 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 City'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 Fitchburg, its officials, employees, and agents for any injury or damages which may occur to me while I am participating in this program, and I waive my right 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 Fitchburg, its 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 connection with my participation in the volunteer program except for injuries or damages caused by the sole negligence of the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident while participating in this program. I agree to be the party responsible for all medical expenses which are incurred in my behalf.

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.

I also understand that in my capacity as a City of Fitchburg volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

I hereby certify that the information on the above application is true and is complete to the best of my knowledge. I have read and understood all statements on all four pages of this application.

My signature authorizes the City of Fitchburg to verify any of the information on this application and to secure information needed to complete a criminal background check.

Applicant's signature _____

Date _____

Please return completed application to:

Access Services Department
Fitchburg Public Library
5530 Lacy Rd
Fitchburg, WI 53711