



MIDDLETON PUBLIC LIBRARY VOLUNTEER APPLICATION

"The mission of the Middleton Public Library is to make a positive difference in the quality of life in our community."

Thank You for your interest in becoming a Middleton Public Library volunteer!
Please complete this application as your first step.

Submit applications online <https://www.midlibrary.org/Volunteer> or in person.

Once your application is processed you will be contacted with further information.

If you have questions contact Maria Ochoa Podell at 608-827-7406 or mochoapodell@midlibrary.org

Last Name _____ First Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Are you 18 years of age or older?

Yes No (age) _____

Volunteer Opportunities:

- | | | |
|---|---|---|
| <input type="checkbox"/> Programming | <input type="checkbox"/> Teen Advisory Committee | <input type="checkbox"/> Friends of the Library |
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Summer Reading Assistant | http://www.midfriends.org/ |
| <input type="checkbox"/> Shelving | <input type="checkbox"/> *grades 7-12 more info at | |
| <input type="checkbox"/> Clerical Work | https://www.midlibrary.org/teen/Volunteer | |
| <input type="checkbox"/> Landscaping | | |
| <input type="checkbox"/> Cleaning | | |

Training/Skills:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Foreign Language |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Other _____ |

Limitations:

- | | | | |
|--|--|--|---------------------------------|
| <input type="checkbox"/> Heavy Lifting | <input type="checkbox"/> Limited Hearing | <input type="checkbox"/> Limited Walking | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Medical Conditions or Allergies | _____ | | |
| <input type="checkbox"/> Other | _____ | | |
-

Availability:

Weekdays Weekends AM PM Flexible

Are you fulfilling requirements for community service hours?

Yes No

If yes,

What for? _____ How many hours? _____

When do they need to be completed by? _____

How did you hear about this opportunity? _____

Why do you want to volunteer? _____

References:

Please list two references not related to you whom we may contact.

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Emergency Contacts:

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

VOLUNTEER APPLICATION AGREEMENT: I certify that all statements made on this application are true and complete to the best of my knowledge. By submitting this form, I authorize Middleton Public Library to make inquiries as to my experience and character. I give permission for the Middleton Public Library to conduct background check(s) on me now and as long as I continue to be active with the organization. I understand that there is no compensation for volunteer services at Middleton Public Library.

Volunteer Signature

Print Name

Date

Parent/Guardian Signature

Print Name

Date

If you are under the age of 16 please have a parent or a guardian sign.