



Amery Area Public Library

Youth Volunteer Form

[Must be 12 or older to be a library volunteer.]

Name: _____ Age & Grade: ____/____ Phone: _____

Address: _____

City: _____ Zip Code: _____

Email Address: _____

Parent/Guardian Signature: _____

I would like to help with these tasks, but I understand that volunteer tasks aren't limited to the list below:

- Special Projects
- Cleaning library materials, shelves, or furniture
- Shelf reading (make sure books are in the correct order)
- Programs (help with set-up, chairs, etc.)
- General assistance (make copies, prepare crafts, tidy up toys, straighten shelves, etc.)

Place an X in the boxes for the days/times you ARE available to volunteer:

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
Mornings (9-11 am)						
Afternoons (12-4 pm)						
Evenings (5-7 pm)						

I would like to volunteer: _____ hours day/week (circle) (We recommend a **maximum** of 2 hours/day, 2 days/week)

Comments and schedule conflicts:

All volunteer times MUST be scheduled ahead of time.

Parents and guardians MUST sign this form in order for students to be allowed to volunteer.

If you have any questions, please feel free to call the library at 715-268-9340.

Please fill out additional info on back of form.

Please list two people to be notified in the event of an emergency.

Name: _____ Phone: _____

Relationship to You: _____

Name: _____ Phone: _____

Relationship to You: _____

Physician's Name: _____ Phone: _____

Hospital Name: _____ Phone: _____

Disclaimer: The Amery Area Public Library recognizes and appreciates the hard work and unique talents the volunteers of the community offer the Library throughout the year. All work performed by volunteers is done without compensation and at the risk of the volunteer. The Library does not carry insurance to protect the volunteer in the case of accidental injury. By signing and submitting this form, you acknowledge and accept this disclaimer.

Parent/Guardian Signature: _____

Parent/Guardian Printed: _____

STAFF USE ONLY

Volunteer Contacted ____/____/____ ____/____/____ ____/____/____

Volunteer's Preference: Short-Term Opportunity Long-Term Opportunity

Scheduled Date/Shifts _____

Notes _____

Date Form Submitted: _____ Staff Initials _____