

**THANK YOU  
FOR YOUR  
SUPPORT  
OF THE  
LIBRARY**



**VOLUNTEER  
INFORMATION**



130 Division St.  
Plymouth, WI 53073



920-892-4416



[plref@monarchlibraries.org](mailto:plref@monarchlibraries.org)



@PlymouthLibrary



@plymouthlibrarywi

**Our Mission:**

**The Plymouth Public Library  
supports community  
empowerment as a hub of  
learning, literacy, and  
innovation.**

**PLYMOUTH  
PUBLIC  
LIBRARY**

Welcome to the  
Library: Your  
community hub!

## VOLUNTEERING AT THE LIBRARY

From time to time, the Plymouth Public Library has a need for volunteers. Community members can start volunteering at age 12. We sometimes take younger volunteers if they are supervised by a parent or guardian - please ask!

Use this checklist to let us know what volunteer opportunities you would be interested in.

Return this brochure along with the City of Plymouth Volunteer Application to be added to the library's volunteer list.

## YEAR-ROUND OPPORTUNITIES

These opportunities are always available. Please check the box next to each opportunity that you are interested in.

- Shelf reading (making sure items are in the correct order)
- Cleaning Toys, Books, and DVDs
- Inventory and looking for damaged items
- Checking kits and boardgames for completeness
- Dusting shelves
- Organizing Donations and Book Sale Items

## AS-NEEDED OPPORTUNITIES

Program and Event Help at the library: including room setup, room takedown, and room monitoring

Program and Event Help at community festivals: including tent setup, kid craft/game help, and takedown

Putting together children's crafts

To be notified of as-needed opportunities please give us your email below:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

**CITY OF PLYMOUTH  
VOLUNTEER APPLICATION**

**DATE:** \_\_\_\_\_

**HOW DID YOU LEARN ABOUT THE VOLUNTEER OPPORTUNITY?** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_

(FIRST, LAST, M.I.)

**ADDRESS:** \_\_\_\_\_ **NO. OF YRS. AT ADDRESS** \_\_\_\_\_

**PREVIOUS ADDRESS IF LESS THAN 5 YEARS AT ABOVE ADDRESS** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SOC. SEC. #** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

(OPTIONAL)

**EMPLOYER:** \_\_\_\_\_ **WORK PHONE#** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**IF EMPLOYED, NAME OF FIRM:** \_\_\_\_\_

**IF STUDENT, NAME OF SCHOOL:** \_\_\_\_\_

**PLEASE USE LIBRARY VOLUNTEER BROCHURE TO TELL US YOUR INTERESTS**

**SPECIAL SKILLS:** \_\_\_\_\_

\_\_\_\_\_

DAYS AND HOURS AVAILABLE: MON. \_\_\_\_\_ TUES. \_\_\_\_\_

WED. \_\_\_\_\_ THUR. \_\_\_\_\_ FRI. \_\_\_\_\_

DRIVER'S LICENSE#: \_\_\_\_\_ STATE: \_\_\_\_\_

STATE ID#: \_\_\_\_\_ STATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
Initial Above

I authorize the City of Plymouth, its officers, agents and employees to conduct a driver's license and/or criminal background check and/or credit check prior to making a decision regarding my volunteer status. I release and hold harmless the City of Plymouth, its officers, agents and employees and the person(s) providing the information from any liability related to the performance or result of this check. I realize that I may also have to provide additional information as may be requested.

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**CONSENT FOR VOLUNTEERS UNDER 18 YEARS OF AGE**

I GIVE CONSENT FOR MY CHILD'S PARTICIPATION IN THE CITY OF PLYMOUTH'S VOLUNTEER PROGRAM.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Initial Above

I authorize the City of Plymouth, its officers, agents and employees to conduct a driver's license and/or criminal background check and/or credit check prior to making a decision regarding the volunteer status of the individual listed on the application. I release and hold harmless the City of Plymouth, its officers, agents and employees and the person(s) providing the information from any liability related to the performance or result of this check. I realize that I may also have to provide additional information as may be requested.

# CITY OF PLYMOUTH INDIVIDUAL VOLUNTEER WAIVER FORM

It is my desire to perform volunteer services for the benefit of the City of Plymouth and \_\_\_\_\_ (hereinafter "the City"). I understand that the City is allowing me to perform these volunteer services subject to my complete understanding that the City will not provide me with any type of insurance or other loss coverage.

Based upon the above, I agree to indemnify, defend and hold harmless and release the City and its elected and appointed officials, officers, employees and authorized representatives from and against any and all liability, loss, damage, expenses, costs (including attorney's fees) arising out of or in any way attributed to the activities performed at \_\_\_\_\_ (sites) on \_\_\_\_\_ (date).

By signing this agreement, I acknowledge that I have read it in its entirety, have given the terms due consideration, understand the terms and understand that I am freely and voluntarily giving up certain rights. I further intend that this agreement shall be binding upon all of my successors, heirs, assigns, receivers and the like.

\_\_\_\_\_  
Print name: Last First M.I.

\_\_\_\_\_  
Signature of Volunteer or Parent/Guardian, if minor Date

\_\_\_\_\_  
Street Address Phone number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Name and phone number of emergency contact

**FOR OFFICE USE ONLY:**

Received by \_\_\_\_\_ Date: \_\_\_\_\_  
*The individual department shall retain the original of this form with copies forwarded to the City Clerk's Office.*