

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

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



130 Division St.
Plymouth, WI 53073



920-892-4416



plref@monarchlibraries.org



[@PlymouthLibrary](https://www.facebook.com/PlymouthLibrary)



[@plymouthlibrarywi](https://www.instagram.com/plymouthlibrarywi)



VOLUNTEER INFORMATION

 **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.

VOLUNTEER OPPORTUNITIES

The library utilizes volunteers on an as-needed basis to help with big programs, events, and projects. Please use the checkboxes below to tell us your interests

- ☐ 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

EXAMPLES OF PAST PROGRAMS

- Walldogs Mural Event
- Outdoor Movies
- Fallooza Festival
- Take and make crafts
- Book Sales

CONTACT INFORMATION

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.

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.