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.



# VOLUNTEER INFORMATION



130 Division St. Plymouth, WI 53073



920-892-4416



plref@monarchlibraries.org



@PlymouthLibrary



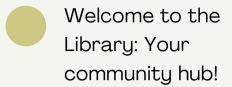
@plymouthlibrarywi



**PLYMOUTH** 







### 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 OPPO	RTUNITY?			
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 BIR	RTH:			
SOC. SEC. # E-MAI	L			
(OPTIONAL)				
EMPLOYER: WORK PHON	E#			
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 H	HOURS AVAILABLE: MON	TUES
WED	THUR	FRI
DRIVER'S LI	CENSE#:	STATE:
STATE ID#:		STATE:
SIGNATURE	<b>:</b>	DATE:
 Initial Above	conduct a driver's license and/or or check prior to making a decision and hold harmless the City of Plyn	
******	****************	**************
CONSENT F	OR VOLUNTEERS UNDER 18 YEAR:	S OF AGE
I GIVE CONS	SENT FOR MY CHILD'S PARTICIPAT	ION IN THE CITY OF PLYMOUTH'S
VOLUNTEER	R PROGRAM.	
SIGNATURE	OF PARENT OR GUARDIAN:	
DATE:		
 Initial Above	conduct a driver's license and/or of check prior to making a decision re individual listed on the application Plymouth, its officers, agents and the information from any liability re	s officers, agents and employees to criminal background check and/or credit egarding the volunteer status of the n. I release and hold harmless the City of employees and the person(s) providing elated to the performance or result of this we to provide additional information as

#### CITY OF PLYMOUTH INDIVIDUAL VOLUNTEER WAIVER FORM

Plymouth and	es for the benefit of the City of (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.			
City and its elected and appointed officials	all liability, loss, damage, expenses, costs		
the terms due consideration, understand t	that I have read it in its entirety, have given he terms and understand that I am freely and r intend that this agreement shall be binding 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.