

Library Volunteer Application Form

To volunteer for the library, please fill in this form and mail or email it to Donna Yackel at PO Box 748, Hayward, WI 54843, dnyackel@charter.net; or Dick Simono at 11183N Airport Rd., Hayward, WI 54843, sim@centurytel.net. One of them will contact you to discuss the opportunities! Note: To volunteer for the Friends of the Library, a separate 501 (c) 3 organization, please go to our website at www.weisscommunitylibrary.com, or ask at the library for the Friends of the Sherman & Ruth Weiss Community Library Membership Application.

Library hours are Mon., Wed. & Fri. 10 am-5 pm; Tues. & Thurs. 10 am-8 pm; Sat. 10 am-3 pm.

Please circle below all times you are available.

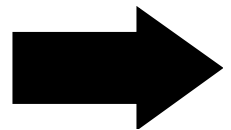
A coordinator will determine with you which two-hour period works best.

I am available for a two-hour shift:

Weekly on	Mon.	Tues. (Day or Eve.)	Wed.	Thurs. (Day or Eve.)	Fri.	Sat.
Once per month on	Mon.	Tues. (Day or Eve.)	Wed.	Thurs. (Day or Eve.)	Fri.	Sat.
During summer on	Mon.	Tues. (Day or Eve.)	Wed.	Thurs. (Day or Eve.)	Fri.	Sat.
Other:	_____					

I am interested in the following (checkmark all that apply):

- Shelving and "reading" shelves (putting materials in order)
- General office work, e.g. typing, filing, photocopying, etc.
- Staffing the greeting/general information desk near the entrance
- Helping customers with computer questions
- Running computer updates & anti-spyware programs
- Light cleaning, e.g. dusting, picking up toys & puzzles, etc.
- Adult programs
- Children's programs
- Writing and graphic design for newsletters, press releases & other PR
- Joining the Library Team for special fundraising projects (group meets monthly)
- Other _____



- I cannot volunteer at this time, but I would like to make the enclosed donation.

Sherman & Ruth Weiss Community Library

10788 State Highway 27/77 | PO Box 917 | Hayward, WI 54843

715-634-2161 | hlibrary@hayward.nwls.lib.wi.us

We ♥ our Volunteers!

Name _____

Street Address & P.O. Box _____

City, State, Zip _____

Home Phone _____ Bus. Phone _____ Cell _____

Email Address (optional) _____

Emergency Contact Name _____ Phone _____

Any Preexisting Medical Conditions of Note: _____

Permission to conduct a background check Yes No

Remember, this is only to ensure the safety of children and others in the library.

I agree to keep confidential any library information, except that deemed public per the Open Records Law, to protect and respect the individual's right to privacy.

Signature _____ Date _____

We appreciate your willingness to help and will contact you soon!



*Thank you for
your support!*

Sherman & Ruth Weiss Community Library