

Antigo Public Library
617 Clermont St.
Antigo, WI 54409
715-623-3724
www.antigopl.org



Volunteer Application

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Name: _____
Last First Middle

Birthdate: ____/____/____ Maiden Name _____
(If changed)

Address: _____
(RESIDENTIAL) Street

City/Village State Zip

Phone: (____) _____

Email Address: _____

Required: Driver's License #, State ID#, current Military ID#, Passport#, Tribal ID#, or Alien Green card #
of applicant/parent guardian: _____ State: _____

Have you ever worked for the library or City of Antigo? YES NO
 If yes, when? _____

Have you ever been convicted of a felony? YES NO

Please indicate below which areas you would like to volunteer:

- Children's department: Reading therapy team
- Children's department: Programming Volunteer
- Children's department: Reading buddies (summer and after school only)
- Adult Department: Programing volunteer
- Adult Department: Stocking Little Free Libraries
- General: Shelving/Shelf reading
- General: Cleaning discs
- General: Stockboxes
- General: Stocking library book sale

Please list any other areas you would be interested in assisting with:

REQUIRED -- PLEASE READ AND SIGN:

I understand that my information will be used for a background check. I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my release from volunteerism.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____