

Volunteer Application

Volunteer Services

Volunteers Enhance Library Value

* Date: _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____

E-mail Address _____ Best time to be reached _____

Preferred library location: (circle all that apply)

- | | | | | |
|-----------|-----------------|--------------------|----------------|-----------|
| Maplewood | Mounds View | New Brighton | North St. Paul | Roseville |
| Shoreview | White Bear Lake | Technical Services | Administration | |

Birthdate: _____ Gender: M F Deadline, if applicable _____

If under 18 years old, please fill out the following: Age _____ Grade _____ School _____

Please identify language(s) in which you consider yourself fluent _____

How did you hear about the Library's volunteer program?

Why are you interested in volunteering at the Library?

What skills or abilities do you have to bring to a volunteer position?

Volunteer areas that interest you:

- | | | |
|-----------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Working with Books | <input type="checkbox"/> Working with Technology | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Shelving/Processing support | <input type="checkbox"/> Homebound Delivery | <input type="checkbox"/> I would like to be kept on a list for short term projects, book sales, special events, etc. |
| <input type="checkbox"/> Maplewood Used Book Store – Friends of the Library | | <input type="checkbox"/> Summer only |
| <input type="checkbox"/> Regularly scheduled | <input type="checkbox"/> One-time project | |
| M T W Th F S Su | | |
| a.m. p.m. evening | | |

- over -

Volunteer Experience

Organization _____ Date _____

Kinds of work performed _____ Length of time at organization _____

Work Experience

Employer _____ Date _____

Business address _____

Occupation _____

Personal Reference*

Name _____ Phone _____

Address _____

Emergency Contact*

Name _____ Phone _____

Background Check

Some volunteer positions at Ramsey County Library require a background check. You will be notified if further information is required.

Signature*

I hereby certify that the information on the above application is true and is complete to the best of my knowledge. My signature authorizes Ramsey County Library to verify any of the information on this application and to secure employment-related information deemed necessary from former employers or person references and information needed to complete a criminal background check.

Signature _____

*Parent Signature if volunteer is under 18 years of age: _____

RETURN TO: Ramsey County Library Volunteer Services, 2180 N. Hamline Ave. Roseville, MN 55113 or any branch you visit. Sections marked with an asterisk (*) must be answered completely.