

# Volunteer Application

East Central Regional Library

244 S. Birch \* Cambridge, MN. 55008 \* 763-689-7390

Date _____			
Last name	First Name	M.I.	
Address	City	State	Zipcode
Home phone ( ) _____		Work ( ) _____	

Current employment or school attending

\_\_\_\_\_

Circle last grade of school completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Do you have a current ECRL card? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you volunteered before? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where and for how long?

\_\_\_\_\_

\_\_\_\_\_

Physical limitations (please list)

\_\_\_\_\_

Have you ever been accused or convicted of a felony or misdemeanor other than minor traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please list:

\_\_\_\_\_

Days/times you are available to volunteer: (i.e. Monday 1-5)

Mon \_\_\_\_ - \_\_\_\_ Tues \_\_\_\_ - \_\_\_\_ Wed \_\_\_\_ - \_\_\_\_ Thurs \_\_\_\_ - \_\_\_\_ Fri \_\_\_\_ - \_\_\_\_

Please list any skills or interest that might be of use as a volunteer (i.e. word processing, craft/artistic skills, etc.)

\_\_\_\_\_  
\_\_\_\_\_

What volunteers positions at the library are you interested in: \_\_\_\_\_

\_\_\_\_\_

**\*Please attach a resume including your work history and references to this application.**

Emergency contact _____	Relationship _____		
Phone Number: (    ) _____			
Address: _____			
Street	City	State	Zipcode

\*\*\*\*\*

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date

If under 18 years of age we must have the consent of a parent/guardian:

\_\_\_\_\_  
Parent/Guardian Signature of Consent

\_\_\_\_\_  
Date