



Anoka County Library
707 County Road 10 NE Blaine, MN 55434

Volunteer Application

Position of Interest or desired project (if known) _____

Name: _____ Birthday (Month/Date): _____

Address: _____ City _____ State: _____ ZIP _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address _____

Contact in case of an emergency: _____ Telephone: _____

Employer (or previous employer): _____

Address and Telephone: _____

Occupation: _____ Work Hours & Days: _____

Education: _____

Please list any previous volunteer experience:

<u>Organization/Contact Person</u>	<u>Duties</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you volunteered for Anoka County Library before? ___ Yes ___ No Position: _____

Please list three references (Please exclude relatives):

<u>Name/Relationship</u>	<u>Address or E-mail</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that the information requested on this application will be used for volunteer assignment and record keeping, and that all information will be held confidential, except where release is authorized. I hereby authorize the Anoka County Library Volunteer Program to conduct an inquiry of any or all references, employers and schools (past or present). I authorize the above mentioned parties to release pertinent information to the Anoka County Library Volunteer Program.

Signature: _____ Date: _____

When are you available for volunteer services? Please circle times and days.

Mornings	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	
Afternoons	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Evenings	Mon.		Wed.				

How frequently do you wish to volunteer? ___ Weekly ___ Less than weekly _____ Specify other

How long are you willing to commit your services? ___ 1 time ___ 3 months ___ 6 months _____ Specify other

Please indicate which skills you may be willing to share as a volunteer:

Clerical Skills:

___ Typing
___ Filing
___ Phone/Receptionist
___ Using Copier
___ Mailings
___ Record updating
___ Computer
___ Other

Communication Skills:

___ Public Speaking
___ Journalism
___ Public Relations
___ Research
___ Photography
___ Calligraphy
___ Foreign Language
___ Graphic Arts
___ Other

Personal Skills to use/teach:

___ Drawing
___ Painting
___ Sewing
___ Crafts
___ Gardening
___ Special Event Host
___ Handyman Repairs
___ Tour Guide
___ Other

Please specify other skills: _____

Additional skills/comments: _____

The above information is accurate and correct to the best of my knowledge.

Signature: _____ Date: _____

The organization is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are offered without regard to religion, creed, race, national origin, age or sex.

If under age of 18 years, complete this section

Name of parent/guardian: _____

Telephone number where parent/guardian can be reached: _____

Daytime: _____ Cell: _____

Parental/Guardian Consent

I hereby give permission to perform volunteer service for Anoka County Library. I understand that in the event of an emergency, you will attempt to contact me. However, if I am unable to be reached, you may contact:

Name/relationship: _____

Day: _____ Cell: _____

I also give consent to take whatever emergency steps necessary to safeguard the health and welfare of my child.

Parent/Guardian Signature: _____ Date _____