

# 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

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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?

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Physical limitations (please list)

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

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

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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 |

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date