



# Volunteer Application

East Central Regional Library

111 Dellwood St. North, Cambridge, MN 55008 | 763-689-7390

Date _____			
Last name	First Name	M.I.	
Address	City	State	Zip Code
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 Zip Code

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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