

FARGO PUBLIC LIBRARY

VOLUNTEER APPLICATION

Date _____

Name _____ Phone (home) _____

Address _____ Phone (work or cell) _____

City _____ State _____ Zip _____ email _____

Emergency Contact _____ Relationship _____ Phone _____

Please be aware that some volunteer positions at the library require a background check. Are you willing to sign an inquiry release form if you choose to work with vulnerable populations?

What type of volunteer work interests you? (Check all that apply.)

- Working with the public
- Non-public work
- Shelving
- Events (carnivals, storytimes, programs)
- Outreach (delivering to homes and/or outreach sites)
- Working one-on-one with a client (literacy or ELL)

Is there an age group with whom you are particularly interested in working? (Circle all that apply.)

Children Teens Adults Seniors No Preference

When are you interested in volunteering? (Check all that apply.)

- Mornings
- Afternoons
- Evenings
- Flexible hours (different hours from week to week)
- Regularly scheduled hours each week (i.e., Tuesday afternoons 2 to 4)
- Summers only
- Winters only

What days and times are you available to volunteer?

Do you possess a valid driver's license?

Are there any special accommodations the library would need to make if you volunteered?

Describe your educational background and any special training.

Describe any previous library employment or volunteer work.

Describe your current occupation and employment status.

List skills you possess (i.e., keyboarding, computer proficiency, filing, writing, art/graphic design, fundraising, languages, music, theatre, storytelling, etc.).

Can you easily bend, reach, stoop and grasp? Can you lift 20 pounds? Can you push a 100-pound wheeled cart?

Describe any current and/or previous volunteer commitments.

Why are you interested in volunteering at the library?