FARGO PUBLIC LIBRARY
VOLUNTEER APPLICATION

Date _____

Name _____ Phone (home) _____

Address _____ Phone (work or cell) _____

City _____ State _____ Zip _____ email _____

Emergency Contact _____ Relationship _____ Phone _____

Please list two non-family references we might contact:

Name:_____ RELATIONSHIP:_____ PHONE:_____

Name:_____ RELATIONSHIP:_____ PHONE:_____

THE FARGO PUBLIC LIBRARY APPRECIATES YOUR INTEREST IN BECOMING A VOLUNTEER IN OUR ORGANIZATION. WE ACCEPT APPLICATIONS AT ANY TIME. HOWEVER, PROSPECTIVE VOLUNTEERS ARE SELECTED FOR INTERVIEWS AND TRAINING ONLY WHEN THERE IS AN IMMEDIATE VOLUNTEER OPPORTUNITY.

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

YES ☐ NO ☐

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

- ○ Shelving
- ○ Events (carnivals, storytimes, programs)
- ○ Outreach (delivering to homes and/or outreach sites)

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
- ○ Weekends

OFFICE USE ONLY
Contact _____
Scheduled _____

Describe your educational background and any special training.

Describe your current occupation and employment status.

Do you possess a valid driver's license?

List any special skills (i.e., keyboarding, computer proficiency, filing, writing, art/graphic design, fundraising, 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.

Have you ever been convicted of a criminal offense? If so, please specify:

Why are you interested in volunteering at the library?