## FARGO PUBLIC LIBRARY **VOLUNTEER APPLICATION**

		Date		
Name		Phone (ho	Phone (home)	
Address		Phone (wo	Phone (work or cell)	
City State	Zip	email		
Emergency Contact Relation		ntionship	onship Phone	
Please list two non-family reference	es we might conta	act:		
Name:	RELATIONSHIP:		PHONE:	
Name:	RELATIONSHIP:		PHONE:	
	volunteer position ou willing to sign	•	•	
	-	•	require a background check.	
	YES	NO	·	
	TES	110		
What type of volunteer work intere	sts you? (Check a	all that apply.)		
O Shelving				
O Outreach (delivering to ho			lays 9-5 only)	
O Office work (typing, filing		rs)		
O Cleaning public computer	'S			
Because of the learning curve association commitment of one year. Is the			positions, we request a minimum able to undertake such a commitment?	
When are you interested in volunte	ering? (Check all	that apply.)		
O Mornings				
O Afternoons				
O Evenings			OFFICE USE ONLY	
O Weekends			Rcvd Contact Scheduled	
		1	Fic: Non-fic:	

Describe your educational background and any special training.
Describe your current occupation and employment status. If you are unemployed, are you currently seeking employment?
Do you possess a valid driver's license? (Required for Outreach)
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?