

FARGO PUBLIC LIBRARY

VOLUNTEER APPLICATION

THANK YOU FOR YOUR INTEREST IN BECOMING AN FPL VOLUNTEER. WE ACCEPT APPLICATIONS AT ANY TIME, BUT INTERVIEW AND TRAIN ONLY WHEN THERE IS AN IMMEDIATE VOLUNTEER OPPORTUNITY.

Name _____ Date _____

Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____ Phone _____

Please list one non-family reference we may contact:

Name _____ 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?

Yes No

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

Shelving

Outreach - delivering to homes and/or outreach sites (weekdays 9-5 only, must be 18 years or older)

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

Mornings

Afternoons

Evenings (Shelving only)

Weekends (Shelving only)

OFFICE USE ONLY	
Rcvd _____	Contact _____
Scheduled _____	
Fic _____	Non-fic _____

3. The main reason I would like to volunteer is:

I want to volunteer my time

To satisfy academic/organizational service requirement

Name of organization

of hours required

To fulfill court-ordered community service

4. We request a minimum time commitment of one year. Is there any reason you might not be able to commit to a minimum of 1 year of service?

5. What is your educational background?

6. What is your current employment status?

If unemployed, are you seeking employment? Yes No

7. Do you possess a valid driver's license and reliable vehicle? Yes No
(Required for Outreach)

8. List any current and/or previous volunteer commitments and length of service.

9. Can you easily bend, reach, stoop and grasp? Can you lift 40 pounds? Can you push a 100-pound wheeled cart? Yes No

10. Have you ever been convicted of a criminal offense? Yes No

If yes, please specify.