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	P	hone	
Please list one non-family refe	rence 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)

Cleaning public computers (Fridays 9am-11am)

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	_

Form updated September 2019

- 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

Other

- 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
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- 7. Do you possess a valid driver's license and reliable vehicle? Yes No N/A (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?YesNoIf yes, please specify.