



CARVER COUNTY LIBRARY

Volunteer Program Application Form

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Library Location Preferred: _____

Health Limitations: _____

Do you speak a language other than English? Yes (Please specify) _____ No _____

Age Group: Under18____ 18-21____ 21-59____ 60+____

If under 18 include: Age:____ Grade:____ School:_____

Parent or Guardian Signature:_____

During which hours are you available for volunteer assignments?

Weekdays: mornings____ afternoons ____ evenings ____

Weekends: mornings____ afternoons ____ evenings ____

Regularly Scheduled:____ On-call:____ Summer only:____

Areas which you are interested in volunteering:

Shelving Books:_____ AV and Book Repairs/Cleaning:_____

Bookdrop Assistant:_____ Internet/Computer Trainer:_____

Shelf Reading: _____ Circulation Periodicals/Newspapers:_____

Deliver to Homebound:_____ Clean/Dust/Restock Workstations:_____

Tax Assistance:_____ Children's Programming:_____

Other: _____

Why are you interested in volunteering in the library and how did you hear about Carver County's Library Volunteer Program?

What special skills or qualifications do you have to bring to a volunteer position? (Through other activities, employment, hobbies, etc.)

Work Experience

Employer: _____ Date: _____

Business Address: _____

Occupation: _____

Volunteer Experience

Organization: _____ Dates: _____

Work Performed: _____

Emergency Contact

Name: _____ Phone: _____

Please List a Reference, not Including a Relative

Name: _____ Phone: _____

Address: _____

Criminal History Information

Some positions require criminal history. All volunteers must complete the following questions. Have you ever been convicted for a violation other than a minor traffic offense? Yes__No__ You must report all convictions. Answering yes will not disqualify you from all positions. If convicted, list date and nature of the offense? List all offenses; if more information is required you will be notified.

Release of Information

I hereby certify the above information is true and complete to the best of my knowledge. My signature authorizes Carver County Libraries to verify application information to secure references and employment related information deemed necessary to complete a criminal background check.

Signature: _____ Date: _____

Thank you for your interest and completing application. Please return to:

Tari Clay, Carver County Library, City Hall Plaza, Chaska, MN 55318

tcclay@co.carver.mn.us Ph # 952-227-7609, Fax # 952-448-9392