

Stillwater Public Library Volunteer Application

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

If under 18 years of age, please fill out the following:

Age: _____ Grade: _____ School: _____

Name: _____ has my permission to volunteer at the
Stillwater Public Library: _____

(Parent or guardian signature)

In case of emergency, contact:

Name: _____

Address: _____

Phone: _____

How did you hear about the library volunteer program?

What skills or abilities do you bring to a volunteer position?

Please check your areas of interest:

- Greeting
- Book Cleaning
- Shelf Cleaning
- Special Event(s) Assistant
- Library Book Club Starter
- Shelf Reading / Adopt-A-Shelf
- E-reader Assistant

- Lead Art Gallery Volunteer
- St. Croix Collection Assistant
- Clerical Maintenance
- Public Relations
- Book Donation Assistant
- Other:

Volunteer / Work Experience:

Volunteer:

Dates Organization City Position

Work:

Dates Organization City Position

References:

Please give the name of a personal reference and include an address and phone number:

Please give the name of a work / school / volunteer-related reference and include an address and phone number:

Criminal History Information

Some volunteer positions at the Stillwater Public Library require criminal history information. All volunteers need to complete a background check.

I hereby certify that the information on the above application is true and is complete to the best of my knowledge. My signature authorizes Stillwater Public Library to verify any of the information on this application and to secure employment-related information deemed necessary from former employers or personal references.

Signature: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Return to: Stillwater Public Library
Attn: Volunteer Coordinator
224 Third Street North
Stillwater, MN 55082