



Washington County Library

Patricia Conley Director

WASHINGTON COUNTY LIBRARY VOLUNTEER APPLICATION FORM

Name: Last First Middle

Address: Street

City, State, and Zip

Phone: () Home

Phone: () Business / Cell

Email address:

Contact Person (in case of emergency):

Contact's Phone Number: ()

Library Branch preferred:

1) List past work experience (including volunteer work.) Highlight any experience that you feel might be applicable to library work.

2) List other skills and special knowledge or education you have which might be beneficial to the library.

3) Why are you interested in volunteering at Washington County Library?

4) Do you have a medical condition or mobility restriction that would limit your ability to perform certain tasks without reasonable accommodation? YES NO If yes, please explain.

Time Commitment: Most volunteer positions at the library require an on-going commitment of 6 months or more. Special projects may be available for less than a 6-month commitment. Please indicate how long you would like to commit to the library.

Less than 6 months 6 months or more Community service

When are you available? Please mark all that apply.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Closed						
Afternoon							
Evening	Closed					Closed	Closed

References: Please list two employers, supervisors, teachers or other non-relatives we may contact for a reference.

Name Occupation Phone

Name Occupation Phone

If you are 18 or over, have you ever been convicted for a violation of the law other than a minor traffic ticket?

No Yes (Provide details on a separate sheet attached to this application)

I certify that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application will disqualify me from selection or result in dismissal.

Signature of Applicant

Date

Return this application to your local Washington County Library branch, or mail to:

Volunteer Program
 Washington County Library
 8595 Central Park Place
 Woodbury, MN 55125

Washington County will not discriminate against or harass any volunteer because of race, creed, religion, national origin, sex, mental or physical disability, age, marital status, or status with regard to public assistance, sexual orientation, familial status or politics.



Washington County
Library

Patricia Conley
Director

TENNESSEN WARNING

This application is to assist in the process of referring you to the Washington County Library for a possible position as a volunteer. Certain information requested on the application is private, that is, it may be released only to you or the Washington County Library.

PRIVATE DATA

WHY WE ASK FOR THE INFORMATION AND WHAT MAY HAPPEN IF YOU DON'T PROVIDE THE INFORMATION

- Name** To distinguish you from all other applicants. Failure to provide information may be cause for rejecting an application.
- Street Address** To be able to send you notices. Failure to provide information may be cause for rejecting an application.
- Telephone Numbers** To be able to contact you to determine your availability for an interview.
- Conviction Record** To determine whether we may legally accept an application from you. To determine whether your record may be a job-related conviction.
- Driver's License Number** To determine whether you may operate a vehicle if requested and authorized by the Library.