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| Internal Use Only |
| <input type="checkbox"/> Volunteer service terminated effective _____. |
| <input type="checkbox"/> Application expired due to no assignment within one year. |

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Great River Regional Library.

- Please complete this application and submit it to the branch library where you wish to volunteer.
- Contact Human Resources at 320-650-2500 if you need assistance with the application.
- You will be contacted if the library has a volunteer need that matches your interest and availability.

Volunteers must be age 12 or older to volunteer unless they under the direct supervision of an adult. Volunteers under age 18 must have a parent/guardian sign the GRRL Volunteer Acknowledgment section on the application.

| |
|---|
| Which branch are you interested in volunteering at? _____ |
|---|

| | | |
|------------------------------|----------------------|------------|
| Last Name | First Name | |
| Address | | |
| City | State | Zip |
| Phone | Email Address | |
| Age if under 18 _____ | | |

References – Please list two references who are not relatives.

| | |
|----------------------------|---------------|
| Name: | Relationship: |
| Phone Number and/or Email: | |

| | |
|----------------------------|---------------|
| Name: | Relationship: |
| Phone Number and/or Email: | |

Emergency Contact – Who can we contact in case of an emergency?

| | |
|---------------|--------|
| Name: | |
| Relationship: | Phone: |

Have you or any of your relatives ever worked in a paid or volunteer capacity for GRRL? Yes No

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|---------------------------------|
| If yes, provide name and dates: |
|---------------------------------|

Please check below what you would like for a volunteer assignment:

A regular assignment for:
____ hours per week; or
____ hours per month; or
Other, please specify: _____

My availability is as follows:
 Monday From _____ to _____
 Tuesday From _____ to _____
 Wednesday From _____ to _____
 Thursday From _____ to _____
 Friday From _____ to _____
 Saturday From _____ to _____

Hours to fulfill a service requirement.
I need to complete ____ (number of hours) by _____ (date) for (please specify) _____.

Note: volunteering at GRRL does not fulfill community service hours for a sentence.

A one-time volunteer assignment or special event involving patron service.

Why do you want to volunteer at the library?

What interests and/or skills do you have that may help us to match you with the best volunteer assignment?

Education

| |
|---|
| Circle highest grade completed: 9 10 11 12 College/Graduate School–Degree: |
| Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school do you attend: |

Employment Experience – What previous work and/or volunteer experience do you have?

GRRL VOLUNTEER ACKNOWLEDGMENT

The information requested on the application is necessary, either to identify you or to assist in determining your suitability for a volunteer assignment. You may legally refuse to provide the information, but refusal to supply the requested information may mean that your application will not be considered. The information provided will only be accessible to you, appropriate staff of GRRL or as authorized by State Statutes.

I understand that GRRL is not obligated to provide a volunteer assignment. I understand that if I am placed in a volunteer assignment, I am not an employee of GRRL and am a volunteer. Consequently, I understand and agree that I am not covered by GRRL's worker's compensation, or any other GRRL benefit plans. I understand that I am responsible for any expenses related to injuries I may receive while volunteering for GRRL. Further, I understand and agree that my actions do not obligate or become the responsibility of GRRL.

I authorize GRRL to make any investigation necessary for volunteer consideration. I authorize all persons, schools, and employers to release any information concerning my background, including all information contained in this application and information provided in the interview, if any. I hereby release any said persons, school, and employers from all liability in responding to inquiries in connection with my application.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

I certify that all statements on my volunteer application are true and correct to the best of my knowledge and that false or misleading information given in my application may result in termination of the volunteer relationship.

Applicant's Printed Name (Please print legibly) _____

Applicant's Signature _____ Date _____

Parent/Guardian's Printed Name – required if under age 18 (Please print legibly)

Parent/Guardian Signature (required if under age 18)

_____ Date _____