

Volunteer Application Minneapolis Public Library

Please return completed application to Minneapolis Public Library or email to mplibrary@nckcn.org with a **copy of your current driver's license**. For questions, please contact us at (785) 392-3205.

Incomplete applications will not be accepted.

Personal Information

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Best way to contact you: Home Phone **Cell Phone** **Texting** **Email**

Are you 18 or older? *Any volunteers under the age of 18 must have parent/guardian approval.* **Yes** **No**

Currently Employed: **Yes** If yes, where?: _____ **No** **Student**

Are you retired? **Yes** **No** If yes, what was your former job title? _____

Do you have any physical limitations that the library should be aware of? (Weight limits, no ladders, etc.)

Background information

Are you willing to undergo a criminal records check, if required? **Yes** **No**

Have you ever been convicted of a crime other than a minor traffic violation? **Yes** **No**

If yes, explain. List the date, conviction, and any rehabilitation. _____

NOTE: A conviction will not necessarily automatically disqualify you for volunteer opportunities. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

Emergency Contact Information

Name of Contact: _____ Relationship: _____

Home Phone: _____ Cell: _____

Personal Reference Contact

Please provide the contact information for one personal reference.

Name of Reference: _____ Relationship: _____

Phone Number: _____ Email: _____

Past Volunteer Experience

Have you had any previous experience volunteering at the Minneapolis Public Library? **Yes** **No**

If yes, where? List your responsibilities. _____

Have you previously volunteered at any other organizations or for any other causes? If yes, explain.

Why are you interested in volunteering at the library?

Community involvement Work experience School service hours
Ordered by courts/probation Other: _____

Are you required to perform service hours? **Yes** **No**

Number of hours: _____ Date hours must be completed by: _____

Skills

Tell us about your skills and library experience.

Skills

Advanced computer skills	Arts and Crafts	Group Facilitation
Public Speaking	Basic Computer skills	Database management
Painting/repairs	Teaching Experience	Clerical skills
Event management	Gardening	Fundraising
Grant writing	Working with youth	Other: _____

Previous Library Experience

Checking in Books	Assisting patrons	Location of materials
Computer Assistance	Program Assistance	Instructing Classes
Sorting materials	Mending or Bookmarking	

Availability

How long are you willing to volunteer at the library?

Three Months Six Months 9 Months
One Year Ongoing Other: _____

What day(s)/times are you available to volunteer?

Mon. _____ Tues. _____ Wed. _____
Thurs. _____ Fri. _____ Sat. _____
Ongoing/Flexible

Volunteer Agreement

Minneapolis Public Library best fits the skills of the applicant to those skills needed to fulfill current volunteer positions. Placement is made based on the recommendation of the library director and staff and the willingness of the applicant to perform the required duties at the times needed by the library.

I certify that I have completed the application to the best of my ability and I have not knowingly withheld any information. I understand that any misrepresentation will result in elimination from further consideration. I also understand that, if I am accepted, any misrepresentation on my application or in an interview that becomes known to the Minneapolis Public Library may result in immediate dismissal. I authorize all references to give the library any relevant information regarding my previous volunteering experiences, character, and job performance. I also authorize a background check to be completed as part of my application, if required. I agree to abide by existing and future instruction, along with the rules and conduct policies of the Minneapolis Public Library. I understand that my position can be terminated at any time, at the discretion of Minneapolis Public Library or myself. I agree that I am offering my services as a volunteer and will not be compensated monetarily. I fully understand that I will be required to attend orientation and training as described by the Volunteer Policies. I consent to a media release in which my image may be used for library purposes, such as websites, social media pages, brochures, newspaper articles, etc.

BY SIGNING BELOW I UNDESTAND THE TERMS LISTED ABOVE FOR APPLICATION RELEASE.

Applicant Signature: _____ **Date:** _____

Parental Consent: If under 18, parental permission is required.

Parent/Guardian Information:

Parent/Guardian Name: _____ Relationship to Youth: _____

By signing below, I give my child permission to participate as a library volunteer. I also understand the volunteer policies and guidelines provided to my child.

Signature: _____ **Date:** _____

OFFICE USE ONLY:

I hereby acknowledge that the applicant has been contacted and accepted as member of the volunteer program, pending orientation and training obligations, as outlined in the Volunteer Policies document.

Staff Signature: _____ Date: _____

Copy of Driver's License received: YES NO