



Washington County Library

Amy Stenftenagel
Director

Our Mission: Inspire curiosity. Champion innovation. Spark opportunity.

WASHINGTON COUNTY LIBRARY VOLUNTEER APPLICATION

Name: _____
Last First Middle

Address: _____
Street

City, State, and Zip

Phone: (____) _____ **Phone:** (____) _____
Home Business / Cell

Email address: _____

Contact Person (in case of emergency): _____

Contact's Phone Number: (____) _____

Preferred Library Branch: _____

Age (please select one): 14 - 17 years old _____ 18 or older _____

If you are 18 years of age or over, have you ever been convicted for a violation of the law other than a minor traffic ticket? NO _____ YES _____

(If YES, provide details on a separate sheet attached to this application)

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 _____

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www.co.washington.mn.us

Equal Employment Opportunity / Affirmative Action

When are you available? Please mark all that apply.

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

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

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

Why are you interested in volunteering at Washington County Library?

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.)

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

Name	Occupation	Phone
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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.

Tennessean Warning for Volunteers

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.

<i>Private Data Requested</i>	<i>Why we ask for Private Data and what we do with it</i>
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. Failure to provide information may be cause for rejecting an application.
Conviction Record	To determine whether we may legally accept an application from you. To determine whether your record may be a job-related conviction.

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