



Volunteer Application

Please complete either the form below or the online version of this form available at weblink.donorperfect.com/rclfvolunteer.

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Best time to be reached _____

Preferred volunteering location (circle all that apply)

Maplewood Mounds View New Brighton North St. Paul Roseville
Shoreview White Bear Lake Home-based projects Driving/delivery

How did you hear about the Friends volunteer opportunity?

Why are you interested in volunteering for the Friends?

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

Volunteer areas that interest you (please check all that apply)

- Bookstores and book sales (NOTE: must be able to lift a minimum of 15 lb. boxes of books, stand for longer periods and push carts of boxes). Knowledge of a variety of book genres very helpful.
- Special events
- Mailing parties
- One-time project
- Planning committees
- Board of Directors
- Reading Friends Literacy Program

Volunteer Experience

Organization _____ Dates _____

Kinds of work performed _____

(Optional 2nd) Organization _____ Dates _____

Kinds of work performed _____

Work Experience

Employer _____ Occupation _____

Business address _____ Dates _____

(Optional 2nd) Employer _____ Occupation _____

Business address _____ Dates _____

Sections marked with an asterisk (*) must be answered completely.

Personal Reference*

Name _____ Phone _____

Address _____

Emergency Contact* (local, if possible)

Name _____ Phone _____

Criminal History Information

Please note: Reading Friends Literacy Program volunteer positions require a free and confidential criminal history check through the Ramsey County Library Friends. Details will be sent to you.

Signature*

I hereby certify that the information on the above application is true to the best of my knowledge. My signature authorizes Ramsey County Library Friends 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 _____

Parent Signature if volunteer is under 18 years of age: _____

**Please return this form to: RCLF 4560 North Victoria Street, Shoreview, MN 55126
or by email to friends@rclfriends.org. Alternatively, you may complete and submit the
online version of this form at weblink.donorperfect.com/rclfvolunteer.**