



AUSTIN PUBLIC LIBRARY

323 4TH AVENUE NORTHEAST | AUSTIN MINNESOTA

VOLUNTEER CANDIDATE FORM

Date: _____

Candidates under the age of 18 must include the signature of a parent or guardian at the end of this form. Please check here whether you are at least 18 years old: ___ Yes ___ No

If no, please give your date of birth: _____

Name: _____
Last First Middle

Address: _____
Street City State ZIP

Phone: _____ Email address: _____

Contact Person (in case of emergency): _____

Contact's Phone Number: _____ Relation to You: _____

TIME COMMITMENT: How many hours are you looking to volunteer?

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 discuss with the volunteer coordinator.

CRIMINAL HISTORY INFORMATION: Some volunteer assignments at the Austin Public Library may require more detailed criminal history information and/or formal background checks. You will be notified if further information is required. A conviction does not automatically disqualify you from all volunteer positions.

If you are age 18 or over, have you ever been convicted for a violation of the law other than a minor traffic offense? ___ No ___ Yes (If yes, please discuss with the volunteer coordinator.)

I certify that all statements made on this form 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 may result in dismissal.

I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the Austin Public Library.

I hereby apply to volunteer at the Austin Public Library. I understand that if I am accepted, I will be expected to follow a mutually acceptable schedule and to notify the Library in advance if I am unable to volunteer as scheduled. I also understand that I will be expected to perform my assigned tasks in a businesslike and efficient manner. I agree to attend required training sessions for volunteers, to accept guidance from contact staff and maintain a good working relationship with the library employees and other volunteers. I will comply with library policies and established procedures.

Signature of Candidate

Date

IF VOLUNTEER IS UNDER THE AGE OF 18, SIGNATURE OF A PARENT/GUARDIAN IS REQUIRED:

Parent/Guardian: _____
Last First Middle

Signature of Parent Guardian

Date

Home Phone: _____ Other (work/cell): _____

Email address: _____

Thank you for your interest in volunteering at the Austin Public Library! You may return this form in person or by mail to:

**Austin Public Library
Volunteer Program
323 4th Avenue NE
Austin, MN 55912**

Phone: 507-433-2391

Email: volunteer@aplmn.org

Website: www.austinpubliclibrary.org

The Austin Public Library does 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.