



AUSTIN PUBLIC LIBRARY
323 4TH AVENUE NORTHEAST | AUSTIN MINNESOTA

VOLUNTEER CANDIDATE FORM

Candidates under the age of 18 must include signature of a parent or guardian at the end of this form.

Please check here whether you at least 18 years old: ____ Yes ____ No

If no, please give your date of birth: _____

Name: _____
Last First Middle

Address: _____
Street City State ZIP

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

Email address: _____

Contact Person (in case of emergency): _____

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

- 1) Why are you interested in volunteering at the Austin Public Library?

- 2) Please list any current or past work experience (including volunteer work) that you feel might be applicable to assisting with library service.

- 3) Please list skills and/or special knowledge you have which might be beneficial to the library.

- 4) 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 volunteer coordinator.

PLEASE BE AWARE OF THE FOLLOWING ADA REQUIREMENTS:

Physical Demands: Light to medium work. Ability to see, hear, talk; finger dexterity. Some assignments require ability to lift (10 lbs.), carry, bend, reach and kneel.

Mental Demands: Ability to read and comprehend professional procedures, memos, policies, and safety instructions. Ability to speak clearly, concisely relate information, details and procedures to laypersons. Ability to perform basic mathematical functions.

Environment Demands: Inside work.

TIME COMMITMENT:

SCHEDULING: Please mark the times when you are available. This does not commit you to all hours listed, but helps us determine which volunteer positions might best suit you. Specific times and days of service will be discussed with you following receipt of your application.

	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
LIB. HOURS	1-5 p.m.*	10am-8pm	10am-8pm	10am-8pm	10am-8pm	10am-6pm	10am-6pm
Morning	CLOSED						
Early Aft. (e.g. 12-3)							
Late Aft. (e.g 3-5)							
Evenings	CLOSED					CLOSED	CLOSED

* Library is closed on Sundays from Memorial Day Weekend through Labor Day Weekend.

AREAS OF INTEREST: Please check all areas of interest to you.

- ☐ Maintenance of library materials ☐ Adopt-a-shelf
☐ Events (ticket taker, setup, storytimes, craft help) ☐ Clean team
☐ *The Saint John's Bible* (monitor viewing times, assist with programs)
☐ Delivery to homebound patrons ☐ Summer Reading Club
☐ Other (Please list any specific tasks you have in mind which are not included in the above list.)

REFERENCES: Please list two employers, supervisors, teachers or other non-relatives we may contact for a reference regarding your suitability for volunteering at the library.

Name: _____ Telephone: _____

Occupation: _____ Relationship to You: _____

Name: _____ Telephone: _____

Occupation: _____ Relationship to You: _____

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 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: kolson@selco.info
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.