

Stillwater County Library Volunteer Application

Name:

Preferred Phone Number:

Email Address:-

Mailing Address:_____

Emergency Contact

Name:_____

Relationship:

Phone Number(s):

Related Work Experience (brief description):

Volunteer Experience (brief description):

Why do you want to volunteer at the Stillwater County Library?

What is your availability? _____

Time Commitment (please circle preference):

Short term (days/specific events/a few weeks), **Long term** (3+ months)

By signing this form, I certify that I have read the Stillwater County Library Volunteer Policy and that I will follow the terms described within. I understand that as a volunteer, I may be required to have a criminal background check performed prior to starting the assignment.

Signature: _____

Date: _____

Signature of Parent/Legal Guardian (if under 18):

Date: _____