

**Jackson County Library
Volunteer Application**

Policy Number 290

Volunteer Contact Information:

Full Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail address _____

Emergency Contact Information:

Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

Additional Volunteer Information:

List any previous work or volunteer experience, skills, or interests that would be helpful when working in the library: _____

Do you have a preferred job assignment? Please explain _____

Times Available: Morning _____ Afternoon _____ Evening _____ Any Time _____
Regularly Scheduled One-time project Summer only Winter only
Library: Jackson Lakefield Heron Lake

Criminal History:

Have you ever been convicted for a violation of the law? Yes No

If yes, please list all offenses, describe, location and date:

I hereby certify that all statements on this application are true, complete and correct to the best of my knowledge. My signature authorizes verification of the information on this application.

Signature _____ Date _____

Parent Signature (if applicant under 18) _____ Date _____