

## St. Cloud Friends of the Library Bookstore Volunteer Application

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please provide a brief description of previous work or volunteer experience.

### AVAILABILITY

Volunteers usually work a two-hour shift twice a month. Saturday shifts are three hours.

M T W TH F      12-2 \_\_\_\_\_ 2-4 \_\_\_\_\_ 4-6 \_\_\_\_\_  
(circle days available)      (indicate desired shifts)

SATURDAY                      10-1 \_\_\_\_\_ 1-4 \_\_\_\_\_

- I cannot commit to four hours per month, but I would like to be a substitute. Please indicate above which days and hours you are available.
- I am able to assist with stocking shelves and sorting books (2-4 hours per month).
- I am able to assist as a volunteer during special bookstore sales.

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

I understand that I need to attend one orientation session and one training session before beginning volunteer work at the Bookstore.

Signature \_\_\_\_\_

Mail your application to: ST. CLOUD FRIENDS OF THE LIBRARY, Attention Book Store Manager, 1300 West St. Germain, St. Cloud, MN 56301. Or stop by the bookstore and give your application to a volunteer.