SAINT PAUL PUBLIC LIBRARY
VOLUNTEER APPLICATION - WORKING WITH YOUTH

THANK YOU for your interest in volunteering. The information on this form will determine where your talents would be most suitable in the library. For more information, contact Wendy Neurer at the Volunteer Office at 651-266-7420 or wendy.neurer@ci.stpaul.mn.us.

Name __________________________________ Phone Number(s) _____________________ Email ______________________________________

Address __________________________________ Date of Birth ______/______/______ City__________________ Zip _________________________

(Needed for background check: M/D/Y)

Preferred library location(s) ________________________________________________________ Date you can start _____________________

Preferred Day(s) / Preferred Time(s)
2-3 Consecutive Hours during library hours

Monday ________________ Tutoring in Homework Center
Tuesday ________________ Afterschool Reading Program
Wednesday ________________ Short term projects: teen/children’s program support, special events, workshops, work with free snack/lunch program etc.
Thursday ________________ Summer Spark Program (June-August)
Friday ________________ Createch Mentor - Teen Technology Programs/Digital Media/Art
Saturday ________________ Collector’s Corner Neighborhood Trading Place
Sunday ________________

Type of work desired
Select one or more:

Education/Experience/Background

Highest Level of Education, Computer/Internet Skills, Technical Skills, Teaching/Digital Media Skills/Tutoring/Mentoring, Special Training(s), Library Experience, Arts/Crafts, Languages Spoken:

_________________________________________________________________________________________________________________________________________

Present or previous jobs/employer Name/phone of supervisor
_________________________________________________________________________________________________________________________________________

Previous volunteer experience:
_________________________________________________________________________________________________________________________________________

Have you ever volunteered/worked for the Saint Paul Public Library before? Location ____________________ When ____________________

Person to contact in an emergency: ___________________________ Phone (_______) ____________________

If you are under 18, please answer: AGE ________ GRADE _________ School attending in the fall_______________________________

Signature of parent/guardian __________________________________________________________________________________________ Date __________________________

I hereby apply to volunteer at the Saint Paul Public Library and I agree to a background check. I understand that applying does not guarantee a volunteer position. If I am selected as a volunteer, I will follow a mutually acceptable volunteering schedule, honor my time commitment and notify my supervisor promptly if I am unable to volunteer. I also agree to perform my assigned tasks in a professional manner. I will follow all Saint Paul Public Library policies, rules and regulations, including data privacy/confidentiality policies and code of conduct. Further I understand that the Library may at its sole discretion decline anyone as a volunteer or terminate my services as a volunteer, without statement of reason.

Signature of applicant _______________________________________________ Date __________________________

Mail to: Saint Paul Public Library Volunteer Office, 461 North Dale Street, Saint Paul, MN 55103 or drop off at any Saint Paul Public Library.