

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 _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Type of work desired

Select one or more:

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

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.



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PUBLIC LIBRARY