

**Lake Agassiz Regional Library
LIBRARY LINK SITES PROJECT**

VOLUNTEER ENROLLMENT FORM

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Phone (Home) _____ Phone (Other) _____
Social Security No. (opt.) _____ Drivers License No. (opt.) _____
Date of Birth _____ E-Mail Address _____

Link Site Location: _____

Availability: Days (circle all that apply) Mon Tues Wed Thurs Fri
Times (fill in best hours) _____ _____ _____ _____ _____
Seasonal only (list months away) _____

Work or Volunteer Experience: (start with most recent)

Employer _____ City/State _____
Contact Name _____ Phone _____
Type of Job _____

Employer _____ City/State _____
Contact Name _____ Phone _____
Type of Job _____

Employer _____ City/State _____
Contact Name _____ Phone _____
Type of Job _____

Education: (check highest level)

Elementary High School Technical School College Graduate
Other training (describe) _____

Special Skills, Talents, Hobbies: _____

Computer Capabilities: (check all that apply)

No experience yet Email Internet Use Word processing Spreadsheets
 Other computer skills (describe) _____

Interest: Why are you interested in volunteering at the Library Link Site? _____

Personal References: (provide two, preferably local)

Name

Daytime Phone #

Relationship

1. _____
2. _____

Permission for Background Check:

I hereby allow LARL to check my background in the following areas. (check all that apply)

- Criminal record
- Driving record
- Past employment or volunteer positions
- Educational or professional status
- Personal references

I understand that information collected during this background check will be limited to what is relevant in determining my suitability for library volunteer work, and that all such information will be kept confidential. I extend my permission to those individuals contacted to give their full and honest evaluation of my suitability for such work.

Verification of Commitment:

I certify that the answers contained in this enrollment form are true and complete to the best of my knowledge. My volunteer service is conditional upon verification of the facts and references supplied in this form. I understand that I am offering my services as a volunteer, not a paid employee, and that I will not be compensated for the services I provide.

(Signed) _____ (Date) _____