



Great River Regional Library, 1300 W. St. Germain, St. Cloud, MN 56301
Hours: Monday – Thursday, 10 a.m. – 8 p.m.; Friday, 10 a.m. – 6 p.m.; & Saturday, 10 a.m. – 4 p.m.

The St. Cloud Friends of the Library appreciates your interest in volunteering!

We seek enthusiastic volunteers who love reading, enjoy working with the public, and wish to work in the Friends Bookstore or perform other support functions. (Volunteers must be physically able to price, sort, and shelve books, plus move heavy book carts.) Interested? Fill out the information requested below. **Sign and return your completed application to Marcia Neely at the address listed above or email it to her at marciakgarden@gmail.com.**

I. PERSONAL INFORMATION

Last Name		First Name	
Street Address		Email	
City		State/ZIP	
Home Phone		Cell Phone	
Work Phone		Birth Date*	

*Required for background check

II. VOLUNTEER AREAS OF INTEREST (Check all volunteer opportunities you wish to fulfill.)

Area	Time Commitment
<input type="checkbox"/> Friends Bookstore Clerk (Assist customers, sort/restock merchandise, and cashier)	2 hours every other week (Minimum 6 months)
<input type="checkbox"/> Friends Bookstore Clerk - Substitute (Same duties as above)	2 hours per month or as available
<input type="checkbox"/> Sorting Room Assistant (Sort, price, and shelve merchandise; move book carts)	2 hours or more per week
<input type="checkbox"/> Vintage Books/Media Appraiser (Look up book value using internet-based resources)	2 hours or more per week
<input type="checkbox"/> Special Event Helper (Help prepare for Bag Sale or other special events)	Special event; 1 – 2 times per year
<input type="checkbox"/> FOL Executive Board Member (Provide overall direction, promote FOL, etc.)	Monthly meetings, elected 2-year term
<input type="checkbox"/> Other Describe:	

III. YOUR AVAILABILITY

(Indicate the days and times that you are available to volunteer. Volunteers work 2-hour shifts during regular Bookstore hours listed above.)

Preferred Days: Monday Tuesday Wednesday Thursday Friday Saturday

Time: Mornings Afternoons Evenings

IV. YOUR WORK/VOLUNTEER EXPERIENCE, SKILLS, AND INTERESTS

Previous work or volunteer experience:

Special skills or interests that will make you a good volunteer for the Friends of the Library:

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V. EMERGENCY CONTACT INFORMATION (Indicate person to contact in case of an emergency.)

Name		Relationship	
Phone			

VI. AUTHORIZATION, RELEASE OF LIABILITY, AND ACKNOWLEDGEMENT

Authorization

I, the undersigned, declare that the information provided in this application is true and complete. I authorize the St. Cloud Friends of the Library to make any investigation deemed necessary for volunteer consideration. I authorize all persons, employers, schools, and law enforcement authorities to release any information concerning my background, including all information contained in this application, without liability for damages incurred for giving it. I further waive any written notice of the release of such records that may be required by state or federal law.

Release of Liability

I, the undersigned, discharge the St. Cloud Friends of the Library, its Board of Directors, and their respective agents, officials, insurers, lessees, employers, and representatives from all liability for death, personal injury, or damage to property suffered by the undersigned in connection with any and all activities engaged in while performing volunteer duties for the St. Cloud Friends of the Library.

Acknowledgement

I, the undersigned, agree to comply with all rules, regulations, and procedures imposed by the St. Cloud Friends of the Library and attend required volunteer orientation/training sessions. I agree to conduct myself in a controlled and appropriate manner at all times as a representative of the St. Cloud Friends of the Library.

VII. Signature(s)

Applicant Signature		Date	
Parent/Guardian Signature (Applicants under 18 years of age)		Date	