



Internal Use Only
<input type="checkbox"/> Volunteer service terminated effective _____.
<input type="checkbox"/> Application expired due to no assignment within one year.

VOLUNTEER APPLICATION

Summer Food Program

Thank you for your interest in volunteering with Great River Regional Library.

- Please complete this application and submit it to the St. Cloud Library.
- Contact Patron Services Coordinator Neil Vig at 320-650-2500 if you need assistance with the application.
- You will be contacted if the Summer Food Program has a volunteer need that matches your interest and availability.

Volunteers must be age 12 or older to volunteer unless they are under the direct supervision of an adult. Volunteers under age 18 must have a parent/guardian sign the GRRL Volunteer Acknowledgment section on the application.

Which St. Cloud Library Summer Food Program position are you interested in volunteering for?			
(circle one)	Volunteer Coordinator	Activities Volunteer	Lunch Volunteer

Last Name		First Name	
Address			
City	State	Zip	
Phone		Email Address	
Age _____			

Please check below what you are looking for in a volunteer assignment:

A regular assignment for:
 _____ hours per week; or
 _____ hours per month; or
 Other, please specify: _____

My availability is as follows:

<input type="checkbox"/> Monday	From _____	to _____
<input type="checkbox"/> Tuesday	From _____	to _____
<input type="checkbox"/> Wednesday	From _____	to _____
<input type="checkbox"/> Thursday	From _____	to _____
<input type="checkbox"/> Friday	From _____	to _____
<input type="checkbox"/> Saturday	From _____	to _____

Emergency Contact – Who can we contact in case of an emergency?

Name:	
Relationship:	Phone:

GRRL VOLUNTEER ACKNOWLEDGMENT

The information requested on the application is necessary, either to identify you or to assist in determining your suitability for a volunteer assignment. You may legally refuse to provide the information, but refusal to supply the requested information may mean that your application will not be considered. The information provided will only be accessible to you, appropriate staff of GRRL or as authorized by State Statutes.

I understand that GRRL is not obligated to provide a volunteer assignment. I understand that if I am placed in a volunteer assignment, I am not an employee of GRRL and am a volunteer. Consequently, I understand and agree that I am not covered by GRRL's worker's compensation, or any other GRRL benefit plans. I understand that I am responsible for any expenses related to injuries I may receive while volunteering for GRRL. Further, I understand and agree that my actions do not obligate or become the responsibility of GRRL.

I authorize GRRL to make any investigation necessary for volunteer consideration. I authorize all persons, schools, and employers to release any information concerning my background, including all information contained in this application and information provided in the interview, if any. I hereby release any said persons, school, and employers from all liability in responding to inquiries in connection with my application.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

I certify that all statements on my volunteer application are true and correct to the best of my knowledge and that false or misleading information given in my application may result in termination of the volunteer relationship.

Applicant's Printed Name (Please print legibly) _____

Applicant's Signature _____ Date _____

Required if under age 18:

Parent/Guardian's Printed Name (Please print legibly) _____

Parent/Guardian's Signature _____ Date _____