NORTH DAKOTA STATE LIBRARY
VOLUNTEER APPLICATION

NORTH DAKOTA STATE LIBRARY
604 E BOULEVARD AVE DEPT 250 / BISMARCK ND 58505-0800
SFN 59254 (10-09)

Name: _____
Last Name First Middle

Address: _____
Number or Street (Apt. No.)

Phone: _____ Office: _____

I want to volunteer for this organization because: _____

_____

Volunteer Experience: _____

_____

Education: last year completed. Grade: ○5 ○6 ○7 ○8 ○9 ○10 ○11 ○12 ○GED

College ○1 ○2 ○3 ○4 Graduate ○1 ○2 ○3 ○4 ○5 Major_____

Special Training: _____

_____

Skills & Interests: _____

_____

Employment History (last three positions held)

Employer Position Held Dates of Employment

1. _____
2. _____
3. _____

References (2 personal, work, or volunteer contacts):

Address _____ City/State/Zip_____

Telephone Number(s) _____

Address _____ City/State/Zip_____

Telephone Number(s) _____

Time Available/Desired:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Emergency contact: Name _____ Phone Number(s) _____

Hospital choice: ○ St. Alexius ○ Medcenter One Other_____

Volunteer's Signature: _____ Date: _____