



Student Volunteer Application

For students 17 and under

Please complete the application and return it to the library's service desk

The West Fargo Public Library Appreciates your interest in becoming a volunteer in our organization. We accept applications at any time. However, prospective volunteers are selected for interviews and training only when there is an immediate volunteer opportunity.

Individual

Group

Personal Information

Name _____

Address _____ City _____ State _____ Zip _____

Current Age _____ School _____

Email _____ Phone _____

Group Name _____ Leader _____

Availability

Please indicate the days and times you are available to volunteer. If you are unavailable on certain days of the week, please leave blank.

One Time Regular

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Volunteer Skills

Please list any special interests, qualifications or skills _____

Reference

Please provide a reference.

Personal Professional

Name (first and last) _____ Phone # _____

Guardian Information

Guardian Name _____ Relationship _____

Work Phone _____ and/or Cell Phone _____

Email _____

I give permission for _____ to volunteer at the West Fargo Public Library.

Guardian's Signature: _____ Signature Date _____

Applicant Signature: _____ Date _____

For WFPL Staff Only

Interview Date _____ Interviewed by _____ Accepted Yes No

Start Date _____ Assignment _____

Comments: _____

Thank you for donating your time and talents!