Valley City Barnes County Public Library Volu	nteer Application		
Name:			
Last Name First Middle			
Address:			
Number or Street (Apt. No.)			
Phone:O	ffice:		
	nuse:		
Education: last year completed. Grade: 05 06	5 07 08 09 010 011 012 0GED		
College 01 02 03 04 Graduate 01 02 03 04 0	5 Major		
Special Training:			
Skills & Interests:			
Employment History (last three positions hele	d, if applicable)		
Employer Position Held Dates of Employment			
1			
2			
3			
References (2 personal, work, or volunteer co	ontacts):		
NameTe	ephone Number		
Address			
NameTe	lephone Number		
Address			
Emergency contact: Name			

Time Available/Desired:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
After School						

- No Open Toed Shoes
- No Jeans
- No t-shirts/revealing clothing/torn clothing

Volunteer's Signature:	Date:	

^{*}Volunteers must be at least 13 years of age to be an eligible volunteer.

^{*}Volunteers ages 13-15 can only work a maximum of 12 hours/week no more than 2 hours/day.

^{*}Volunteers are expected to dress appropriately with accordance with the VCBC Public Library Dress code.