



Anoka County Library
707 County Road 10 NE Blaine, MN 55434

Adopt-a-Shelf Volunteer Application

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Contact in case of an emergency: \_\_\_\_\_ Telephone: \_\_\_\_\_

For family groups, list names of others who may be involved, including the ages of minor children:

\_\_\_\_\_
\_\_\_\_\_

Have you volunteered for Anoka County Library before? \_\_\_ Yes \_\_\_ No Position: \_\_\_\_\_

At which library would you like to volunteer? (Please circle your first choice)

Centennial Crooked Lake Johnsville Mississippi North Central Northtown Rum River St. Francis

The above information is accurate and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The organization is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are offered without regard to religion, creed, race, national origin, age or sex.

If you are 15-17 years of age and volunteering alone, please complete this section

Name of parent/guardian: \_\_\_\_\_

Telephone number where parent/guardian can be reached: \_\_\_\_\_

Daytime: \_\_\_\_\_ Cell: \_\_\_\_\_

Parental/Guardian Consent

I hereby give permission to perform volunteer service for Anoka County Library. I understand that in the event of an emergency, you will attempt to contact me. However, if I am unable to be reached, you may contact:

Name/relationship: \_\_\_\_\_

Day: \_\_\_\_\_ Cell: \_\_\_\_\_

I also give consent to take whatever emergency steps necessary to safeguard the health and welfare of my child.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_