



CITY OF DULUTH

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the City of Duluth. Please fill out the application and return to Cheryl Skafte at cskafte@duluthmn.gov or by mail at 411 W 1st Street, Duluth, MN 55802.

Title of Volunteer Opportunity <i>If not applying for a specific volunteer opportunity, please leave blank.</i>			
Where are you interested in volunteering? <input type="checkbox"/> West Duluth <input type="checkbox"/> Main-Downtown <input type="checkbox"/> Mt. Royal			
First Name		Last Name	
Primary Phone		Email	
Street Address		City, State Zip	

Are you 18 years old or older?	YES NO
<i>Fill out this section only if applicant is under 18 years old. Please note if you are 15 years old or younger, you will need to volunteer with an adult.</i>	Parent/Guardian Name
	Parent/Guardian Primary Phone
	Parent/Guardian Signature

Why are you interested in this volunteer opportunity:

List any skills, training or experience you would bring to this volunteer opportunity:

Describe your involvement in community activities or other volunteer work (organization, activity, dates of service):



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(Over)

When are you available? Please indicate all available hours. A regular schedule will be established upon selection. Check at least one option:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, and over age 18, provide short explanation outlining the circumstances of your conviction including date, nature and place of offense, and disposition. (Do not include traffic violations or convictions sealed, expunged, or annulled by the court. Convictions will not necessarily disqualify you from volunteering.)

Some opportunities may require use of your own vehicle. Can you provide your own transportation?
 ___ Yes ___ No

A driving record check will be necessary if your volunteer opportunity requires driving.

Provide two personal references familiar with your skills, experience, or community activities whom we may contact. List name and phone number.

1. Reference Name		Phone	
2. Reference Name		Phone	

How did you learn of this volunteer opportunity?

Are you a regular library user?

Have you ever volunteered for the Duluth Public Library before? NO YES – when?

I hereby certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I agree and understand that any misstatements or material omissions on the application will result in my being eliminated from further consideration. I understand that, if accepted, any misrepresentation or material omission which becomes known to the City of Duluth may result in my immediate dismissal.

Signature (Please type name if submitting electronically)

Date



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