



# 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](mailto:cskafte@duluthmn.gov) or by mail at 411 W 1<sup>st</sup> Street, Duluth, MN 55802.

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

<b>Are you 18 years old or older?</b>	<b>YES   NO</b>
<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>	<b>Parent/Guardian Name</b>
	<b>Parent/Guardian Primary Phone</b>
	<b>Parent/Guardian Signature</b>

**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.**

<b>1. Reference Name</b>		<b>Phone</b>	
<b>2. Reference Name</b>		<b>Phone</b>	

**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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