



# ROCHESTER PUBLIC LIBRARY Wellness Corner Volunteer Application

NAME \_\_\_\_\_ Date \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ City/Zip code \_\_\_\_\_

PHONE: ☎ Home: \_\_\_\_\_ ☎ Cell: \_\_\_\_\_ ☎ Work: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

★ How did you hear about opportunities at the Wellness Corner?

★ Why are you interested in volunteering at the Wellness Corner?

★ What skills or abilities do you bring to the Wellness Corner?

★ Do you have a current license in your field (example: nursing license)? YES NO  
If yes, what is the number? \_\_\_\_\_

★ What positions interest you? Check all that apply

- Blood Pressure check
- Height/weight check
- Vision check
- General social services I&R
- Diet/nutrition information
- Credit counseling
- Career counseling
- Other \_\_\_\_\_

★ What days and times do you prefer? \_\_\_\_\_

- Regularly scheduled
- one time project
- Weekly
- During school year
- Bi-weekly
- During summer
- "On-call"

RETURN TO: Marilyn Campbell  
Volunteer Coordinator  
Rochester Public Library  
101 Second Street SE Rochester, MN 55904  
507.328.2341



Office Use Only:

Wellness Corner

**Volunteer Experience:**

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Kind of work performed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Work Experience (last position if unemployed or retired):**

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Reference:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

- Professional
  - Educational/Business
- Relationship: \_\_\_\_\_

**Please complete fully the Informed Consent form below. A criminal background check will be run when it is determined you will be interviewed.**

*The following named individual has made application to become a volunteer with the City of Rochester.*

\_\_\_\_\_  
Last Name of Applicant (please print)

\_\_\_\_\_  
First Name (please print)

\_\_\_\_\_  
Middle (full) (please print)

\_\_\_\_\_  
Maiden, Alias or Former (please print)

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

Sex: Male or Female

I authorize the City of Rochester to obtain my criminal history record information from the Minnesota Bureau of Criminal Apprehension (BCA) website for the purpose of becoming a volunteer with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant: \_\_\_\_\_

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