



# Orrville Public Library Volunteer Application

Date \_\_\_\_\_

Please fill out the following information. *If there are no volunteer openings, this form will be kept on file until an opportunity arises.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

e-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Are you a student? \_\_\_\_ Yes \_\_\_\_ No      Are you \_\_\_\_ 17 & under \_\_\_\_ 18 & over

Office equipment you are familiar with \_\_\_\_\_

Interested in working in:    Children's Dept.    Adult Dept.    Craft preparation  
Item repair (audio visual, books, sewing)    Cleaning materials    Preparing scrapbooks  
Assisting in Memory Lab    Outside clean-up    Inside clean-up    Washing rags  
Setting up for programs

Other \_\_\_\_\_

Is there an area of the library you do NOT wish to volunteer in? \_\_\_\_\_

What hours are you available? \_\_\_\_\_

Please provide one reference:

Name	Phone #	Relationship to Applicant

*~Please complete other side ~*

It is at the discretion of Orrville Public Library to accept or deny any person of volunteer service.

I have read the Orrville Public Library volunteer guidelines and agree to abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If under 18:

My child, \_\_\_\_\_, has permission to volunteer at Orrville Public Library.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

References checked \_\_\_\_\_ (Staff Initial)

***Please complete the following on your first day of volunteering at Orrville Public Library.***

EMERGENCY INFORMATION:

Who should be contacted in an emergency? \_\_\_\_\_

What is their relationship to you? \_\_\_\_\_

Phone number \_\_\_\_\_

List any allergies you have \_\_\_\_\_

\_\_\_\_\_

Do you take any medication we should be aware of? \_\_\_\_\_ If so, what?

\_\_\_\_\_

Your doctor's name and phone number \_\_\_\_\_

\_\_\_\_\_