REED MEMORIAL LIBRARY

Date:_____

Volunteer Application

Volunteers are vital to Reed Memorial Library. We welcome community involvement in the Library and offer a variety of opportunities to match your interests, skills, and availability. In order to be considered for volunteer service, please fully complete this application. *Thank you.*

Fill out the section below with the information of the volunteer applicant:

Name:_____

E-mail:_____**Phone:**_____

Age: *(Check one)* **Under 12**____ **12-17**____ **18+**____

Emergency contact name:_____

Relationship to you:_____ **Phone:**_____

Have you volunteered before? If so, where and when?

_____

What are your interests and skills?

_____

Are you volunteering to meet a requirement? *(Check one)* **Yes**____ **No**____

If yes, list the required number of hours and/or deadline below:

_____

Days and times are you able to volunteer: (Shifts are up to 3 hours each for a maximum of 6 hours per week.)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning (10am-12pm)							
Afternoon (12pm-5pm)							
Evening (5pm-8pm)							

PLEASE FILL OUT THIS PORTION IF YOU ARE UNDER 18

I am interested in joining the Teen Advisory Group as my schedule allows.

(Check one) **Yes____ No____ Maybe____**

Should we contact you or your parent/guardian with any questions or cancellations?

Who to contact? *(Check one)* **Me/Volunteer_____ Guardian/Parent_____**

Phone:_____ Email:_____

Best way to contact? *(Check one or more)* **Call____ Text____ Email____**

I would like to receive text message reminders. *(Check one)* **Yes____ No____**

If the volunteer applicant is under the age of 18, please fill out the section below:

Parent/Guardian Name (printed): _____

Parent/Guardian Phone: _____

I, the parent or guardian, give my permission for the above named applicant to volunteer with the Youth Services Department of Reed Memorial Library. I understand that if my child is under the age of 12, I must stay in the library building while my child is volunteering, and that if my child is under the age of 9 I must be present with them during the volunteer work.

Parent/Guardian Signature: _____

I certify that all statements made in my volunteer application are true and correct to the best of my knowledge. I understand that there is no salary or other compensation for my services as a volunteer. I understand that my assignment may be terminated by the Library or myself with or without prior notice at any time. I agree to read, sign and adhere to the Adult Code of Conduct.

Signature: _____ Date: _____

Please return your completed application to Reed Memorial Library.

167 East Main Street Ravenna, OH 44266

E-mail *volunteer@reedlibrary.org* or call *330-296-2827* with any questions. *Updated 2026.*