



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: _____ Date: _____

School: _____ Age: _____

Address: _____

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

Who to contact? (Check one) Me/volunteer _____ Volunteer's parent/guardian _____

Phone: _____

Email: _____

Best way to contact? (Check one) Call _____ Text _____ Email _____ No preference _____

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:

Which days and times are you able to volunteer? (Shifts are 2-3 hours each for a maximum of 6 hours per week.)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning (9am-12pm)							
Afternoon (12pm-5pm)							
Evening (5pm-9pm)							

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 Volunteer Code of Conduct.

Signature: _____ Date: _____

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

Parent's Name (printed): _____

Parent's Phone Number: _____

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: _____

**Please return your completed application to
the Youth Services desk at Reed Memorial Library
167 East Main Street Ravenna, OH 44266
or email it to youthoutreach@reedlibrary.org.**

If you have any questions, call (330) 296-2827 x302