



REED MEMORIAL
LIBRARY

Empowering Everyone

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.

Name: _____ Date: _____

Address: _____

Home phone: _____ Cell: _____ Email: _____

I prefer to be contacted at: home cell email no preference

School: _____

Gender: M F Age: _____

Emergency contact name: _____

Relationship to you: _____ Phone: _____

Volunteer history: please tell us about your volunteer experiences, if applicable:

Interests and skills: please tell us why you want to volunteer at Reed Memorial Library and what kinds of volunteer opportunities you are most interested in (for example, shelving, program preparation, assisting with children's programs, etc.):

Volunteer requirements: If you are required to fulfill a specific number of hours, how many and for what organization?

Days and times available to work: you may volunteer to work up to 6 hours per week.

	MON	TUE	WED	THU	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

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: _____

*Please return your completed application
to any public service desk at Reed Memorial Library
167 East Main Street
Ravenna, OH 44266*

If you have any questions, call
(330) 296-2827 x200