



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) Scrapbooks Assisting in Memory Lab
 Delivering items to Homebound patrons Landscaping
 Other _____

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

What hours are you available? _____

Please provide three references:

Name	Phone #	Relationship to Applicant

Homebound Program Volunteers ONLY complete this next section:

Do you have reliable transportation? _____

Are you able to carry up to 20 pounds? _____

Are you able to walk without difficulty? (some nursing homes have long hallways) _____

Do you know your way around the Orrville City School District? _____

~Please complete other side ~

It is up to the discretion of Orrville Public Library to accept or deny any person on 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)

Proof of driver's license _____ Proof of car insurance _____ (Copies made of both.)

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 _____