



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 ___

Emergency contact: _____

(name/phone/relationship to you)

Employment history: please tell us about your most recent paid positions, if applicable:

Employer	Dates of Employment	Description of your Duties

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

Organization	Dates Volunteered	Description of your Duties

Education (highest grade completed): _____

School: _____

Gender: M___

Are you 18 years or older? Yes ___ No ___

Applicants under 18 years of age or not in their last quarter of high school should complete a Volunteer application, available online or at any public service desk.

F___

If you are applying for a specific volunteer position, which one? _____

Do you need community service hours? Yes ___ No ___

If yes, for: college ___ workplace ___ court-ordered ___ other (explain) _____

If yes, how many hours do you need? _____ By what date? _____

Are you applying for a short-term volunteer position? If so, what dates are you available?

Why are you interested in volunteering with the Library?

I prefer to work: in public ___ behind the scenes ___ either ___

I prefer to work: alone ___ with a group ___ either ___

Areas of Interest (select all that apply). Please note: not all areas are available at all times or at all libraries:

<input type="checkbox"/>	Sorting and shelving library materials	<input type="checkbox"/>	Other (please list):
<input type="checkbox"/>	Decorating / displays / crafts	<input type="checkbox"/>	
<input type="checkbox"/>	Working with historic documents*	<input type="checkbox"/>	
<input type="checkbox"/>	Gardening / landscaping	<input type="checkbox"/>	
<input type="checkbox"/>	Library programs for children	<input type="checkbox"/>	
<input type="checkbox"/>	Library programs for teens	<input type="checkbox"/>	
<input type="checkbox"/>	Library programs for adults	<input type="checkbox"/>	
<input type="checkbox"/>	Preparing / organizing materials for programs	<input type="checkbox"/>	

Days and times available to work: _____

Hours preferred per week: 1-2 ___ 3-4 ___ 4-6 ___ less frequent than weekly ___

Depending on assignment and workload, volunteers may work up to 6 hours/week.

I prefer to volunteer: on a regular schedule ___ as-needed / occasionally ___ both ___

I certify that all statements made in my volunteer application are true and correct to the best of my knowledge. I give Reed Memorial Library the permission to verify all information contained in this application as may be necessary

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, or by mail, email or fax to:*

*Adult Services Manager
Reed Memorial Library
167 East Main Street
Ravenna, OH 44266
reference@reedlibrary.org
Fax: 330-296-3780*

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