

# VOLUNTEER APPLICATION

**Salem Township Public Library**

535 West Pike Street  
Morrow, Ohio 45152  
513-899-2588

**HOURS**

Monday & Tuesday 10am-7pm  
Wednesday & Thursday 10am-6pm  
Friday 10am-5pm  
Saturday 10am-2pm  
Closed Sunday

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**\*Are you a student?** *If you are under 17 years of age, a parent or legal guardian must sign the bottom of this form.*

Name of school \_\_\_\_\_ Age \_\_\_\_\_ Grade level \_\_\_\_\_

If you are meeting a community service requirement, how many hours do you need to complete and by what date?

- Number of hours needed to meet your requirement: \_\_\_\_\_.
- Hours need to be completed by (date) \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Why are you interested in volunteering at the library?**

**Please indicate what days and times you are available to volunteer.**

	Morning (10am-12pm)	Afternoon (12pm-5pm)	Evening (6pm-7pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Parent or legal guardian signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Thank you for offering to help your library. Your name will be kept on file, and if extra help is needed during the year, the library will contact you.