Ida Rupp Public Library Volunteer Application (Minors)

| Contact Information | | | |
|---|--------------------|----------------------|--|
| Name | | | |
| Street Address | | | |
| City ST ZIP Code | | | |
| Home Phone | | | |
| Cell Phone | | | |
| E-Mail Address | | | |
| School/Grade | | | |
| Birthday | | | |
| Assatta lattica | | | |
| Availability | | | |
| Date you will be available to start volunteer work | | | |
| Number of hours per week you are willing to work (one, two, three, or four) | | | |
| During which hours are you available for volunteer assignments? | | | |
| | Weekday afternoons | | |
| ` | (summer only) | (during school year) | |
| *Please note: Because we have no staff members working in the children's area during the evening and weekend hours, we will not be able to supervise volunteers during those times. | | | |
| Are you interesting in serving on the Teen Advisory Board? Yes ☐ No ☐ | | | |
| (meets monthly to discuss and work on special projects relating to teen services at the library) | | | |
| (must be 13 years old to serve on the Teen Advisory Board) | | | |
| Please list any dates or days when you are unavailable to work due to vacation, camp, summer school, after school clubs or sports, etc. | | | |
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| Why Do You Want to Volunteer at the Library? | | | |
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| Special Skills or Qualifications | | |
|---|----------------|--|
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. | | |
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| | | |
| Person to Notify in Case of Emergency | | |
| reison to Nothy in case | e of Emergency | |
| Name | | |
| Street Address | | |
| City ST ZIP Code | | |
| Home Phone | | |
| Work Phone | | |
| Cell Phone | | |
| E-Mail Address | | |
| | | |
| Agreement and Signature | | |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. | | |
| | | |
| Name (printed) | | |
| Signature | | |
| Date | | |

Thank You

Thank you for completing this application form and for your interest in volunteering with us. If you are accepted as a youth volunteer, a staff member will set up a day and time for your volunteer orientation. Your volunteer schedule will be set during your orientation. Youth volunteers (ages 12-18) will be scheduled to volunteer once or twice per week from 1 to 4 hours per week.

Ida Rupp Public Library
310 Madison St.
Port Clinton, OH 43452
419-732-3212
Jennifer Buch, Youth Services Librarian
buchje@oplin.org