



Volunteer Application

Date _____

Name: _____ Library Card # _____
(Last) (First) (Middle)

Address _____ City _____ State _____ Zip _____

Primary Phone: _____ Secondary Phone: _____

Email address: _____

Preferred method of communication: Phone Email Regular Mail

Areas of special skill, knowledge, or interest: _____

Are you a member of the Friends of the Library? Yes No

Preferred location to volunteer: _____

Preferred volunteering job (if any): _____

Prefer to work: behind the scenes with the public

Preferred times to volunteer: morning afternoon evening
on: Monday Tuesday Wednesday Thursday Friday Saturday

I prefer to volunteer: occasionally year-round summers only

If under the age of 18, please complete the following: I am 14 years old or older

Parent's name: _____ Name of school attending: _____

I permit my child _____ to volunteer at the Mansfield/Richland County Public Library. My child is 14 years or older.

Parent signature: _____ **Date** _____

The above information is accurate and correct to the best of my knowledge. I understand this organization is not obligated to provide a placement, nor am I obligated to accept the position offered. Services are donated and not given in anticipation of future employment. I understand that if accepted as a volunteer, the Library or I may end the volunteer arrangement at any time. I hereby authorize M/RCPL to contact relevant sources for the purpose of verifying statements and references herein. I authorize said sources to disclose such information as may be requested.

Signature: _____ **Date** _____

Submit this application to any library location, email it to volunteer@mrcpl.org or mail it to:
ATTN: Mary Frankenfield, Deputy Director
M/RCPL
43 West Third Street
Mansfield, Ohio 44902

You will be contacted to arrange a placement meeting.