

ASCPL Friends Library Shop at Main Volunteer Application

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

E-mail: _____ Are you at least 18 years old? ___ Yes ___ No

In case of Emergency contact:

a. Name _____ Telephone: _____

b. Name _____ Telephone: _____

If emergency contacts cannot be reached, the Library Shop at Main reserves the right to seek medical assistance at the nearest medical facility and will be held harmless in all legal issues that may arise from this decision.

If you have a disability, what reasonable accommodations would you need to perform this volunteer position:

Have you volunteered or done community service for other organizations? If yes, when and where:

To assist us in filling our needs list any skills, hobbies, special training, and areas of expertise you have:

Check the day(s) and times(s) you are able to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
noon to 3 pm	_____	_____	_____	_____	12 to 4	12 to 4	1- 4
3 pm to 6 pm	_____	_____	_____	_____	xxxxx	xxxxx	xxxxx

List the names of two people, not related to you, who can give you a reference:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

I authorize the Library Shop at Main to make inquiry into statements made by me on this application and relevant information in the volunteer consideration process. I acknowledge and agree that any falsification, misrepresentation or omission of facts will, at the agency's option, result in making this application null and void, and will, if I become associated with the Library Shop at Main at a voluntary basis, result in termination of my association. I understand completion of this application does not indicate whether there is any position currently open and that it does not obligate the Library Shop to extend association on a voluntary basis. This certifies that the information given on this application is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Return completed application to:

Library Shop at Main, 60 S. High Street, Akron, OH 44326-0001

Questions call 330-643-9070