

# Volunteer Application

206 Broadway / Findlay, OH 45840 / 419.422.1712 / 419.422.0638 (fax) www.findlaylibrary.org

## Contact Information

Name	
Street Address	
City/ State/ ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Area of Interest

Where would you prefer to work in the library? Mark more than one if you wish.

Adult Area \_\_\_\_\_ Audio-visual Area \_\_\_\_\_  
 Children's Area \_\_\_\_\_ Outdoor Work \_\_\_\_\_

## Emergency Contact

Who would you like contacted in case of emergency?

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

## Agreement and Signature

Name (printed)	
Signature	
Date	