

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 _____ **Phone** _____

Email Address _____

STUDENT VOLUNTEER *14-17 years old*

Name of school _____ Age _____ Grade level _____

Is this a community service requirement for school? _____

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

Your parent or legal guardian must sign the bottom of this form.

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** _____