

**VOLUNTEEN APPLICATION
TOLEDO-LUCAS COUNTY PUBLIC LIBRARY**

Name _____ Date _____

Street _____ Telephone _____

City _____ St. _____ Zip _____

Age _____ Grade _____ School _____

Have you previously been a Library volunteer? _____yes _____no

How many hours a week could you volunteer? _____

Do you have a branch where you would prefer to volunteer? _____

Three References (non-relatives who know you well, ie. Teacher, pastor, scout leader, etc.)

Name	Relationship/Occupation	Phone
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1. _____

2. _____

3. _____

Do you have a library card? _____yes _____no

In order to be a VOLUNTEEN at the Toledo-Lucas County Public Library you must have your parent or guardian sign below.

_____ has my permission to be a VOLUNTEEN at
(Teen's Name)

the Toledo-Lucas County Public Library.

(Parent's Signature) (Phone) (Date)

Return completed form to this agency or send to: Volunteen Coordinator, Toledo-Lucas County Public Library, 325 Michigan Street, Toledo, Ohio 43624 Telephone (419) 418-2252. Fax (419)255-1334.