

## Application for Volunteer Service

*Please return this application to:*  
Susan Malarik, Volunteer Coordinator  
Hudson Library and Historical Society,  
96 Library Street  
Hudson, Oh 44236  
330-653-6658 Fax 330-653-3373

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### Times of Availability

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_  
Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_  
Sun. \_\_\_\_\_

### Work Experience *(paid or volunteer)*

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I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any services I provide. I understand that tasks will be assigned on the basis of library needs and requirements and that if I do not complete the tasks to library standards the volunteer relationship can be terminated

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parental Permission

If you are under 16 please have a parent/legal guardian sign the following permission form:

I *(Print)* \_\_\_\_\_ parent/legal guardian, grant permission for *(print)* \_\_\_\_\_ to volunteer at the Hudson Library and Historical Society.

Patent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_