

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 _____
Drivers License _____

(Only needed if will be driving on Library business)

Times of Availability

Mon. _____ Tues. _____ Wed. _____
Thurs. _____ Fri. _____ Sat. _____
Sun. _____

Work Experience *(paid or volunteer)*

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 _____