Pataskala Public Library 101 S. Vine St. Pataskala, OH 43062 740-927-9986

## **Volunteer Application**

Name	Date
Address	Phone number
Alternate phone number	Email address (if applicable)
Emergency contact information:	
Name	Phone number
How would you like to help at the Pataskala Public Library?	
Shelve DVDs and music	Special events/ Teach a class
General cleaning and straightening shelves	Shelf-reader (Make sure items are on shelves in right order)
Gardening/landscaping	Other
Have you had any previous experience volunteering or worki  If yes, what jobs did you perform?	king at a library?Yes No
Hours I am normally available:	
Mon Tues Weds	Thurs Fri Sat
	dline for completion
School	Current Grade
Are your volunteer hours required to fulfill a legal cor  If yes, please state the nature of your offense  Total number of hours needed Deadli	
Parental Permission (for applicants under 18):	
(Name of Applicant) (age)	has my permission to work as a volunteer at the Pataskala Public Library.
(Signature of Parent or Guardian)	Phone Number Date
(Printed name of Parent or Guardian	Relation to Applicant