

**The Friends of the Public Library
Of Cincinnati and Hamilton County**

Volunteer Information Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Other phone: _____

Email: _____

DOB (optional): _____

Emergency Contact

Name: _____

Relationship (spouse, parent, friend, etc.): _____

Phone #1: _____

Phone #2: _____

Crayons to Computers Volunteer? _____ Yes _____ No

Volunteer Agreement

I agree to support the mission of the Friends of the Public Library.

I agree to follow the policies and procedures of the Friends of the Public Library and will represent the Friends in a professional manner.

I agree to keep safety a priority and will not behave in any way that endangers me, others or the organization. I will not hold the Friends of the Public Library liable for my actions.

Signature

Date