



FRIENDS OF THE CLEVELAND PUBLIC LIBRARY **VOLUNTEER FORM**

325 Superior Avenue, Cleveland, Ohio 44114 • Phone 216-623-2821 • Email Friends@cpl.org

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME PHONE NUMBER _____

EMAIL ADDRESS _____

VOLUNTEER POSITION(S) INTERESTED IN (CHECK ONE OR MORE)

GIFT SHOP

BOOK SORTING ROOM

TOUR GUIDE

BOOK SALE CASHIER

MEMBERSHIP DEVELOPMENT

DAYS AND HOURS AVAILABLE

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

SATURDAY _____

SUNDAY _____

WORK EXPERIENCE CURRENT AND PAST _____

NAME OF COMPANY ADDRESS AND NO. YEARS _____

REFERENCES (NAME AND PHONE NUMBERS) LIST 3 _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

SIGNATURE _____
