Library Volunteer Application

Oklahoma Library for the Blind and Physically Handicapped
300 NE 18th Street, Oklahoma City, OK 73105
405-521-3514 1-800-523-0288 Fax 405-521-4582
Email: olbph@okdrs.gov www.olbph.org

[Applicant information is for internal Library use only.]

Name and Mailing Address

Name _____ Date _____

Address _____

City _____ State/Zip _____

Phone and Email

Cell Phone (_____) _____

Email _____

Emergency Contact Information

Name _____

Phone (____) _____ _____

Relationship _____

References

Name _____ Phone (___) _____

Relationship _____

Name _____ Phone (____) _____

Relationship _____

Would you object to a background check? _____

Education

High School ☐ College ☐ Post Graduate ☐

When are you available to volunteer?

Day	From (time of day)	To (time of day)
_____	_____	_____

Optional Information

Birthday (month / day) _____

Please provide answers to the following questions. This will help us assess where you might best be able to help us.

Are there any physical conditions to be taken into consideration in arranging volunteer assignments for you? _____If so, please explain _____

Can you read any language other than English? _____

If so, please list_____

Are there certain types of books/materials you prefer NOT to read (such as religious, political, violence, rough language, sexual content, etc.)? _____

If so, please list _____

Are you able to volunteer at our studio located in Oklahoma City? _____

Signature _____ Date _____

Thank you for your interest in volunteering for the
Oklahoma Library for the Blind and Physically Handicapped.

Submit Form