



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.library.state.ok.us

[Applicant information is for internal Library use only.]

Name and Mailing Address	
Name _____	Date _____
Address _____	
City _____	State/Zip _____
Phone and Email	Emergency Contact Information
Home Phone (____) _____	Name _____
Cell Phone (____) _____	Phone (____) _____
Work Phone (____) _____	Relationship _____
Email _____	

Career						
Occupation _____						
References						
Name _____ Phone (____) _____						
Relationship _____						
Name _____ Phone (____) _____						
Relationship _____						
Would you object to a background check? _____						
Volunteer Work Experience _____						
Special Skills _____						
Education						
<table border="1"> <tr> <td>High School</td> <td></td> <td>College</td> <td></td> <td>Post Graduate</td> <td></td> </tr> </table>	High School		College		Post Graduate	
High School		College		Post Graduate		

When are you available to volunteer?			
Day	<input checked="" type="checkbox"/>	From (time of day)	To (time of day)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Optional Information
Hobbies _____
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? _____

Do you have Windows-based computer skills? _____

Are you willing to commit to recording projects which can span several weeks or months? _____

Do you have a partner who can volunteer with you as a recording team? _____

How did you find out about us? _____

Signature _____ Date _____

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