The Public Library of Cincinnati and Hamilton County

# Group Volunteer Application

**For office use only**
**No._____**
**Total Group/Organization Hours: _____**
**Event: _____**
**Date: _____**

## Group Application Information

Contact Person: _____

Title: _____

Affiliation: _____

Phone No._____ Address _____

City _____ State _____ Zip _____

E-Mail Address _____Home Phone _____

Group/Organization Name: _____

Participants:

| NAME | ADDRESS | PHONE |
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Signature _____Date_____

Fax or e-mail completed application to:
Volunteer Coordinator
Public Library of Cincinnati and Hamilton County
800 Vine Street
Cincinnati, Ohio 45202

E-mail/Call/Fax:
Volunteers@Cincinnatilibrary.org
Phone 369-6946
Fax 369-3164

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