

Library Volunteer Application Form

Date: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ I am 14 years of age or older. \_\_\_\_ I am a student or other special service volunteer

When would you like to start volunteering? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the days and times you are available to volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check your areas of interest:

\_\_\_shelving \_\_\_ book sales \_\_\_ parades

\_\_\_shelf reading/tidying \_\_\_ special events \_\_\_ children’s program helper

\_\_\_computer training \_\_\_ home outreach \_\_\_ resource processing

\_\_\_lifting/moving \_\_\_ flyers and signs \_\_\_ cleaning/dusting

\_\_\_reading/Storytime

Do you have a special skill or area of interest which you would like to offer as a volunteer?

List your volunteer experience:

List your work experience:

Person and phone number to contact in case of an emergency:

References: 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that:

* Confidentiality of library information is essential
* As a volunteer, I am not covered by the Workplace Safety & Insurance Act
* A Criminal Record Check is required 18 years and older (Library to reimburse the cost)
* There will be no payment for services; pre-approved expenses may be reimbursed
* Reasonable notice should be given to Library staff for absence from a scheduled shift.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature if volunteer is under the age of 16: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_