

Library Volunteer Application Form

Date: _____

Name: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____ Postal Code: _____

Month of Birth: _____ Day of Birth _____ Year if under 18: _____

When can you begin volunteering? _____

Please ✓ the times when you are available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Please ✓ your areas of interest:

- Shelf Reading Children & Youth Services Outreach
 Computer Training Special Projects (eg. Santa Claus Parade) *(except Homebound)*

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

List your volunteer experience:

List work experience:

Person to contact in case of emergency: _____

References 1) _____ Phone: _____

2) _____ Phone: _____

I understand that:

- confidentiality of library patron information is essential
- I will not be covered by Worker's Compensation in my capacity as volunteer
- a clear Police Check is required of all volunteers on start date and annually thereafter

Applicant Signature _____