



VOLUNTEER APPLICATION FORM

Date: _____ Name: _____

Address: _____

Phone (home): _____ (work): _____

E-mail: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone (home): _____ (work): _____

If under 18 years of age: **(Please note: Volunteers must be a least 14 years old.)**

Birth date: _____ / _____ / _____
 day month year

School: _____ Grade: _____

Signature of Parent/Guardian consenting to applicant working as a volunteer:

Skills and Experience:

Why are you interested in volunteering with the Southgate Public Library?

Circle what type of volunteer opportunity are you interested in.

- ◆ Computer & Tech Help
- ◆ Assisting with children's programs (craft preparation)
- ◆ Shelf-tidying
- ◆ Special event help (eg. Summer Reading Club)
- ◆ Book Display and Display Cabinet organization
- ◆ Genealogy & Local History Digitization Project

Please note: Volunteers must be a least 14 years old.

Availability:

Please indicate the day(s) and time(s) when you are available to volunteer:

	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning					
Afternoon					
Afterschool					
Evening					

How many hours a week would you like to volunteer? _____

References:

1. Name: _____
Relationship: _____
Phone: _____

2. Name: _____
Relationship: _____
Phone: _____

Please acknowledge the following:

- Volunteering is like having a job. We count on you to be here at the agreed upon time. This time will be determined during an interview.
- Please note that some volunteer positions require you to obtain a police record check/vulnerable sector screening. Staff will notify you if one is required.
- In Ontario, the Accessibility for Ontarians with Disabilities Act (AODA) requires all volunteers to complete Accessible Customer Service training.

You will be asked to complete AODA online training when you begin volunteering:

<http://www.mcss.gov.on.ca/en/serve-ability/index.aspx>.

Confidentiality Agreement: I will respect the privacy and confidentiality of all information to which I am exposed while working as a volunteer for the Southgate Public Library. I promise to keep confidential the private information of persons working in and using the library, including material from and about patrons and matters regarding fellow volunteers and staff members.

Applicant's signature: _____ Date: _____

Thank you for your interest in volunteering with the Southgate Public Library. When an opportunity that matches your skills and interests becomes available, we will start the screening and placement process with you. All volunteer applications are kept on file for 6 months.

Library Use Only

Received: _____ Interview: _____

Placement: _____