



Volunteer Application

Contact Information

Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

_____ City Province Postal Code

Home Phone: _____ Cell Phone: _____

Email: _____

Best way to contact me is by: Email ___ Home Phone ___ Cell Phone ___

When are you available?

Please check the days and times which best reflect your availability. AM ___ PM ___

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

Tell us about you

Occupation, Volunteer / Work Experience, Skills, Interests

Areas of Interest

Please check areas of interest to you

- Shelving
 - Special projects
 - Shelf reading/tidying
 - Processing of material
 - Children's programs
- Other: _____

Police Record Check

A police record check is required at volunteers' expense, for persons 18 years and older who are in contact with library patrons and program participants.

References

1. Name: _____ Relationship: _____

Contact Information: _____

2. Name: _____ Relationship: _____

Contact Information: _____

Confidentiality Agreement and Signature

I understand that during and after my time as a North Grenville Public Library volunteer, I hereby agree to respect the privacy of everyone involved in the North Grenville Public Library and its patrons. I will keep all information about patrons and employees confidential and will not discuss this information.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Thank you for your interest in volunteering with us.