

10. VOLUNTEERS IN THE LIBRARY
10.11 Volunteer Application Form



Volunteer Application Form
Please Print Clearly

Name: _____

Address _____

Postal Code _____

Home Phone _____

Business Phone: _____

Email _____

Date you can you begin volunteering _____

Please ✓ if you are volunteering:

- to meet a community service requirement for secondary school or other program
- for an internship or other cooperative placement (CO-OP)

Name of school or institution: _____

Please ✓ the time of day you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Please ✓ your areas of interest:

- March Break Week activities helper
- Summer vacation activities helper
- Assisting the library staff with programming
- Delivery of materials to shut-ins
- Assisting with the sale of discarded and donated materials
- Light cleaning, gardening, seasonal grounds clean-up (without use of power equipment)
- Administrative functions including folding, stapling, copying, shredding etc.
- Special Projects

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

Please briefly describe why you would like to volunteer at the Library. What do you hope to gain from volunteering?

Experience and Skills:

1. Volunteer Experience. Please describe any relevant volunteer experience.

2. Employment Experience. Please describe any employment-related skills, experience, or training that might relate to volunteer activities.

3. Interests, Activities, and Hobbies. Please describe any interests, activities, or hobbies that might be helpful for volunteer activities.

4. Computer Skills. Please describe your experience with computers.

5. Restrictions. If you feel the Library should know of any restrictions (e.g., physical) that might help in deciding about the type of work you could undertake, please let us know. This information will remain confidential.

References

Please provide the names and contact information of two (2) references who are familiar with your personal achievements and goals. Please indicate the relationship of the reference to yourself. (Family members should not be listed as references.)

Reference #1 and Contact Details	Reference #2 and Contact Details
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Relationship to You:	Relationship to You:

Police Records Check: Vulnerable Sector Clearance

Police Records Checks (PRC- Vulnerable Sector Clearance) will be required for volunteers above the age of 18 who work with vulnerable clients including children and seniors. The volunteer is responsible for paying the fee associated with the Police Record Check. Upon completion of a minimum 12 hours volunteering with the Library, the full amount will be reimbursed to the volunteer.

The Library will not accept an applicant with a criminal record showing previous sexual offences, assault charges, and/or crimes against minors. Further, the Library will not accept applicants who misrepresent themselves or refuse to comply and co-operate with the Library’s screening program.

I am under 18 years of age. Yes No

Volunteers Under the Age of 16

Please note that if you are under 16, a parent or guardian’s permission is required to become a library volunteer. If this is the case, please indicate so below and include a signature of permission from your parent or guardian.

Permission from Parent/Guardian for Applicants Under 16:

I give permission for _____ to volunteer at the Port Colborne Library.
Name of Applicant

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date

By submitting this application, you are giving permission for the Port Colborne Public Library to contact any or all of the references name above, and you extend your permission to those contacted to give their full and honest evaluation of your suitability for the described volunteer work. You must also agree to obtain a *Police Records Check (PRC- Vulnerable Sector Clearance)* and provide a copy of the Police Records Check to the Library, to ascertain your suitability as a volunteer as stipulated in policy 10. Volunteers in the Library. You are also certifying that the information on this form is true and correct.

Signature of Applicant: _____

Date of Application: _____

Personal information collected on this form is for Port Colborne Public Library and City of Port Colborne purposes only.

Approval Date April 9, 2013	Revision/Review Date May 7, 2013
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