



# APPENDIX A

## Volunteer Policy

### VOLUNTEER APPLICATION FORM

#### Contact Information

Name: \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact me (i.e. home phone, cell phone, email, etc): \_\_\_\_\_

#### Preferred Volunteer Location (please select)

- Elmsdale Library
- Mount Uniacke Library
- Satellite Site - Please specify: \_\_\_\_\_
- Stewiacke Library
- Tatamagouche Library
- Truro Library

#### Expression of Interest

What type of volunteer work are you interested in?

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Why do you want to volunteer at the Library?

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Tell us about your skills, hobbies, and interests that would apply to volunteering at the Library:

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## Availability

Please indicate your availability to volunteer, including the time of day:

- |  |   |
|--|---|
| <input type="checkbox"/> Monday _____    | <input type="checkbox"/> Thursday _____ |
| <input type="checkbox"/> Tuesday _____   | <input type="checkbox"/> Friday _____   |
| <input type="checkbox"/> Wednesday _____ | <input type="checkbox"/> Saturday _____ |

## References

Please provide the names of **two** references (they can be personal, but not a relation):

### Reference 1

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Reference 2

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Safety Checks

To ensure the safety of Library patrons, the Library requires that volunteers aged 18 and older provide a:

- 1.) Criminal record check;
- 2.) Vulnerable Sectors check; and a
- 3.) Child Abuse Registry check.

Do you consent to providing these checks to the Library? (circle one)

**YES**

**NO**

## Parent/Guardian Consent (for volunteers ages 14-17)

I support this application for my child \_\_\_\_\_ to volunteer with the Colchester-East Hants Public Library.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

## Applicant Signature

*I certify that the statements made are true and complete, to the best of my knowledge. I understand this is strictly a volunteer position and I will receive no remuneration for services and time volunteered.*

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

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

**Please return the completed form to the Branch Manager.**