Volunteer Application Form

Contact Information

Name: _____

Address: _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____

Best way to contact me (home phone, cell phone, email): _____

Preferred Volunteer Location (please select)

☐ Elmsdale Library ☐ Truro Library

☐ Mount Uniacke Library ☐ Truro Library (Headquarters)

☐ Stewiacke Library ☐ Satellite Site –

☐ Tatamagouche Library Please Specify: _____

About You

What type of volunteer work are you interested in?

Why do you want to volunteer at the Library?

Do you have any concerns about volunteering? If yes, please specify.

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

Are you able to lift books, cartons, and other heavy objects?

Do you own or have access to a vehicle?

(only for Library Delivery Service) ☐ Yes ☐ No

Are you 19 or older? (only for Library Delivery Service)

☐ Yes ☐ No ☐ Yes ☐ No

Availability

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

☐ Monday _____ ☐ Thursday _____

☐ Tuesday _____ ☐ Friday _____

☐ Wednesday _____ ☐ 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 the following:

- Criminal Record Check

- Vulnerable Sectors Check
- Child Abuse Registry Check

The Library also requires that Volunteers for the Library Delivery Service provide the following:

- Proof of Valid Driver's License
- Proof of Automobile Insurance
- Satisfactory Driver Abstract
- Satisfactory Claims Experience Letter

Do you consent to providing these checks to the Library (as applicable)? ☐ Yes ☐ No

Parent/Guardian Consent (for Volunteers ages 14-18)

I _____ *(parent/guardian's name)* support this application for my child _____ *(child's name)* to volunteer with the Colchester-East Hants Public Library.

_____ _____

Parent/Guardian Signature **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.