

Library Use Position: _____

Last Name: _____

Student Volunteer Application



Personal Information (please print)

Name				Age	
Street Address			City, Postal Code		
Home Phone			Other/Cell Phone		
E-Mail Address					
School				Grade	

What is your preferred method of communication?

Home Phone Cell Phone E-mail

Special Skills, Interests, Hobbies, or Other Experience

Summarize special skills, interests, hobbies, or other experiences you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Volunteer Opportunities

Please check which areas you are interested in volunteering (indicate 1st, 2nd & 3rd choices). You may request to do more than 1 volunteer opportunity. Please note that students who choose Reading Buddies are asked to volunteer for the school year. All other opportunities for at least one term.

- | | |
|--|--|
| <input type="checkbox"/> Reading Buddies (1 hr./week) | <input type="checkbox"/> Reading Buddies French (1 hr./week) |
| <input type="checkbox"/> Library Programs (as needed) | <input type="checkbox"/> General Library Volunteer (2 hrs./week) |
| <input type="checkbox"/> Internet/Computer Workshops (1.5 hrs./week) | <input type="checkbox"/> Teen Advisory Board (2 hrs. once a month) |

Availability

Which days are you available to volunteer?

- | | | |
|--|--|---|
| <input type="checkbox"/> Monday evenings | <input type="checkbox"/> Tuesday evenings | <input type="checkbox"/> Wednesday evenings |
| <input type="checkbox"/> Thursday evenings | <input type="checkbox"/> Friday (close at 6) | <input type="checkbox"/> Saturday <input type="checkbox"/> Summer |

Regular attendance is required, although we realize that volunteers may miss an occasional week due to exam, illness, or vacation. Can you commit to a fairly consistent schedule?

Yes No (If not, please explain) _____

Statistics

How did you hear about this volunteer opportunity?

Person to Notify in Case of Emergency (please print)

Name		Home Phone	
Work Phone		Cell Phone	

Agreement and Signature

I will respect the privacy and confidentiality of all information to which I am exposed while working as a volunteer for the Petawawa 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.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. **If under 18 years of age, a parent or legal guardian is also required to sign.**

Name (printed)	
Signature	
Date	
Witness Signature	

I hereby certify that I am the parent/legal guardian of _____
and that she/he has my permission to serve as a volunteer with the Library. As the parent/legal guardian I fully understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer.

Parent Name (printed)	
Signature	
Date	
Witness Signature	

Thank you for completing this application form and for your interest in volunteering with us. For more information contact **Children's/Young Adult Librarian Janet Coulas at 613-687-2227 ext. 22 or jcoulas@bellnet.ca.**

The Personal information on this form is collected under the authority of the Public Libraries Act and the Municipal Freedom of Information and Protection of Privacy Act. This information will only be used for the proper administration of the library and the provision of library services and programs by the Petawawa Public Library.

For Library Use Only:

Interview: _____
Training: _____
Start: _____
Added: _____