Volunteer Application

First Name _____ Last Name _____

Address _____

Phone _____ Email _____

Date of Birth _____

Emergency Contact Name + Phone _____

Are you volunteering to fulfill a specific requirement?

☐ No ☐ Yes (please specify) _____

What area of volunteer services interests you?

☐ Teen Advisory Board ☐ Indexing Local History

☐ Gardening/Weeding ☐ Other (please specify)

☐ Cutting crafts, folding, etc. _____

How long do you expect to be able to volunteer?

☐ 3-6 months ☐ up to one year ☐ over one year _____ Other (please specify)

Please identify previous employment, volunteer work, or educational experience you feel relevant to volunteering with the library. Also note any training (First Aid, CPR etc.) you have or if you have previously volunteered for City of Thorold or another municipality:

Please mark the days and times you would be able to volunteer.

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

I acknowledge that: 1. the information in the above application is correct, 2. I will be trained prior to commencement of the volunteer position, 3. I may be required to obtain a vulnerable sector check at my personal cost and share the result of the vulnerable sector check with the Library prior to the commencement of the volunteer position

_____ Date _____

Signature of Applicant

_____

Signature of Guardian (if applicant is under 18 years of age)