



## Volunteer Application Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birthdate: Year/Month/Day \_\_\_\_\_

Address(Number, Street, City) \_\_\_\_\_

Allergies(if any) \_\_\_\_\_

### Emergency Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

What area of volunteer services interests you? Circle one or more.

Photography/  
Scanning

Online Indexing

Crafting/  
Folding

Event  
Organizing

How long do you expect to be able to volunteer? Circle one

3-6 Months

Up to 1 year

Over one year

CO-OP

Other: Specify \_\_\_\_\_

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

| Day of the week               | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------------------------|--------|---------|-----------|----------|--------|
| Hour:Minute to<br>Hour:Minute |        |         |           |          |        |

I acknowledge that: 1. The information in the above application is correct, 2. I will be trained prior to the 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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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