

APPENDIX C  
Gravenhurst Public Library  
Volunteer Application Form



Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          Day     Month     Year

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

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

Phone: (home): \_\_\_\_\_ (cell): \_\_\_\_\_

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

**Emergency Contact**

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

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

**If under 18 years of age: (Must be 14 years of age or older)**

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  Day     Month     Year

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name and Signature of Parent/Guardian consenting to applicants working as a volunteer:

\_\_\_\_\_

**You will be required to complete the following:**

- All volunteers will complete an orientation and training session.
- Sign a Confidentiality Agreement.
- Sign an Acknowledgment of risk.
- Sign a Code of Conduct.

\_\_\_\_\_  
Applicant's Signature:

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

Please contact the Volunteer Coordinator with any questions.