

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:

\_\_\_\_\_

**Skills & Experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why are you interested in volunteering with the Gravenhurst Public Library?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What type of volunteer opportunity are you interested in?**

Children’s Programming Preparation		Shelf-Reading, tidying, straighten books	
Farmers Market Book Sale		Special events	
Archives		Reading to children	
Other:			

**Please ✓ the times when you are available:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

**Please indicate what date you are available to start :** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

**Please indicate your time frame for volunteering (just the summer etc.):**

**References:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

- Vulnerable sector check. (Police record name check if under 18yrs)
- 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.