

APPENDIX C
Gravenhurst Public Library
Volunteer Application Form
(For Adults 18 and Over)



Date: ____ / ____ / ____
Day Month Year

Name: _____

Address: _____

Phone: (home): _____ (cell): _____

Email: _____

Emergency Contact

Name: _____ Relationship: _____

Phone (home): _____ (cell): _____

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	
Used Book Sale		Special events	
Adult Programming		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.