

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 Julia Reinhart or Jocelyn Ariss with any questions.