

Volunteer Application

Applicant Information

| | |
|--|-------------|
| Date: | |
| First name: | Last name: |
| Address: | City: |
| Home phone: | Cell phone: |
| Postal code: | Email: |
| Age: <input type="checkbox"/> 14-17 years old <input type="checkbox"/> 18+ years old | |
| Highest Level of Completed Education: | |
| Please describe some of your hobbies and interests: | |

Volunteer/Work Experience

Have you ever volunteered at West Perth Public Library?

Yes

No

If so, when?

Do you have any volunteer experience?

Yes

No

If so, please explain:

Do you have any work experience or skills related to customer service, or any other area relevant to public libraries?

Yes

No

If so, please explain:

Availability

When would you be available to volunteer for the Library? Please check all that apply:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|---------|-----------|----------|--------|----------|
| Morning | | | | | | |
| Afternoon | | | | | | |
| Evening | | | | | | |

I would be available to start on this date: _____

Emergency Contact

Please provide the name, phone number, address and email of an emergency contact:

| | |
|---------------|--------|
| Full Name: | |
| Address: | |
| Phone number: | Email: |

References

Please provide the name and phone number of two references (non-family) who can be reached during regular business hours:

| | |
|---|--------|
| Full Name: | Phone: |
| Full Name: | Phone: |
| I declare the information provided to be true and complete, and authorize West Perth Public Library to solicit references from those named above. | |

West Perth Public Library Volunteer Agreement

By signing this agreement, I understand that:

All volunteers ages eighteen (18) and older are required to provide a Criminal Record Check within the first thirty (30) days of volunteering. West Perth Public Library will reimburse the cost of the Criminal Record Check upon completion of three (3) months of volunteer service and the submission of the original receipt.

It is the policy of West Perth Public Library to protect the privacy of those who use the Library. I agree to hold all information about patrons, staff, and volunteers in confidence. A breach in confidentiality is immediate grounds for dismissal as a volunteer. West Perth Public Library will immediately terminate this Volunteer Contract should the volunteer be involved in any inappropriate conduct.

| | |
|--|-------|
| Volunteer Signature: | Date: |
| *Parent/Guardian Signature: | Date: |
| <p>*Parent/Legal Guardian's signature required if volunteer is under the age of 18. By signing, the parent/legal guardian recognizes the volunteer as a minor pursuant to the Age of Majority and Accountability Act and that they have permission to serve as a volunteer with the Library.</p> <p>NOTE: Submission of the Volunteer Application does not guarantee a volunteer position.</p> | |

Privacy

Personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, 1989 and shall not be used or disclosed for purposes other than determining eligibility and suitability for volunteering at West Perth Public Library. Personal information shall be retained only for the period of time required to fulfill the purposes for which it was collected. Personal information shall be protected by safeguards that are appropriate for the sensitivity of the information collected. Questions regarding the collection of this information should be directed to the Library CEO.