

# VOLUNTEER APPLICATION

Thank you for your interest in volunteering at St. Thomas Public Library. Please fill out both this application and the reference checklist forms so that we can get to know you better. Once completed, please drop them off at one of the desks at the library. Your application will be reviewed and you will be contacted for an interview. Volunteer opportunities and their corresponding job descriptions will be posted on our website as they are available. Visit us online at [stthomaspubliclibrary.ca](http://stthomaspubliclibrary.ca). They are also available at the library in print form at any of the library service desks.

**Please note that you must be 14 years or older\* to apply.**

*\*Please note, age may vary by volunteer position. Please verify the age requirement in the job description for the position you are applying for.*

**A police check may also be required.** (Staff: Check box if police check issued )

**Name:** \_\_\_\_\_  
Last Name First Name

**Address:** \_\_\_\_\_  
Number Street Apt.

\_\_\_\_\_

City Postal Code

**Phone # (Home):** \_\_\_\_\_ **Phone # (Alternate):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**In case of emergency, please contact:** \_\_\_\_\_  
Name Phone Number

Volunteer Experience		
Organization:	Duration: (Years, Months)	Position and/or Duties:

Work Experience		
Company:	Duration: (Years, Months)	Position and/or Duties:

Please ✓ the times when you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						
Other:						

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Why are you interested in volunteering at St. Thomas Public Library? \_\_\_\_\_

**Are you a student?** (check one)

Yes

No

**Are you under 18 years of age?** (check one)

Yes

No

**Are you currently attending school?** (check one)

Yes

No

**Which one?** \_\_\_\_\_

**Grade/ Year:** \_\_\_\_\_

**Are you interested in:** (check one)

Consistent Schedule

Flexible Schedule

**How long are you available?** (check one)

Less than 3 months

3-12 months

Ongoing

Special events only

**Have you ever been convicted of a criminal offense for which a pardon has not been granted?** (check one)

Yes

No

**As a Volunteer, I fully understand and agree to the following:**

That I will not receive remuneration, salary, wage, payment, Workers' Compensation coverage, or any other employee benefits whatsoever and I understand that there is no employment relationship as a result of my volunteer activity. Further I understand that the Library may at its sole discretion reassign me or terminate my services as a volunteer without notice or compensation. I verify that all information on this form is accurate.

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Police Check Returned:** \_\_\_\_\_

*St. Thomas Public Library collects the personal information of library users under the authority of s.23(2) of the Public Libraries Act, R.S.O. 1990, chapter P.44 as amended, for the purposes of library user registration, administration of circulation materials, and other internal processes. Personal information collected for these purposes will only be used internally by St. Thomas Public Library.*

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