

VOLUNTEER APPLICATION

Friends of St. Thomas Public Library

(Please print clearly.)

Date: _____

Name: _____

Address: _____
Number Street Apt. City Postal Code

Phone # (Home): _____ Phone # (Alternate): _____

Email Address: _____

When can you begin volunteering? _____

Please ✓ the times when you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						
Other:						


I am interested in the following volunteer positions:

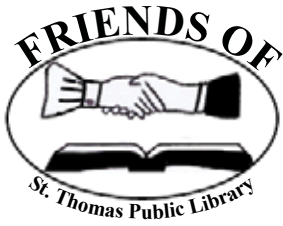
- Sorter** Sorters go through the donated books and material, separate the books into categories, and put them in the appropriate place on the store's bookshelves.
- Shop Clerk** Shop clerks sell the books and offer customer service in two hour shifts.

Please speak to a staff member for full volunteer job descriptions.

Volunteer Experience:

Work Experience:

Please turn page over. 



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Why are you interested in volunteering for Friends of St. Thomas Public Library?

Reference #1: Name: _____

Phone #: _____

How do you know them? _____

Reference #2: Name: _____

Phone #: _____

How do you know them? _____

All volunteers providing service at the Library Friends Shop are expected to:

- Support the Friends of St. Thomas Public Library's mission of "Giving Back to the Community"
- Inform the volunteer organizer if they are unable to work as scheduled
- Arrive on time and stay until a replacement has arrived or when the store closes
- Dress appropriately for retail service
- Treat all customers with equal respect and courtesy
- Record all issues, concerns, or questions relating to facility, customers, or stock in the "Book Store Log Book"
- Return all cash collected and keep accurate sales records (if applicable)
- Adhere to all relevant polices and legislation, including, but not limited to, Health & Safety, Workplace Harassment, and Customer Service Standard

I verify that all information on this form is accurate. I have read, understand, and agree to the volunteer expectations. I understand that I will not be covered by Worker's Compensation in my capacity as a volunteer.

Applicant Signature

Date

Please drop off this form at one of the following locations:

- Library Friends Shop, Elgin Mall, 417 Wellington Street, St. Thomas
- St. Thomas Public Library Service Desk located on the Main Floor of 153 Curtis Street.
- Or mail it to Friends of St. Thomas Public Library at 153 Curtis Street, St. Thomas, ON N5P 3Z7.