



Huntsville Public Library
7 Minerva Street East
Huntsville, Ontario, P1H 1W4

Volunteer Application Form

Date:

Name:

Address:

Home Phone #:

Cell Phone #:

Email Address:

If Under 18 Years of Age:

Date of Birth
dd/mm/yyyy:

School:

Grade:

Name of Parent/Guardian consenting
to applicants working as a volunteer:

Parent/Guardian Signature:

Emergency Contact

Name:

Relationship:

Home Phone #:

Cell Phone #:

Skills and Experience

Why are you interested in volunteering with the Huntsville Public Library?

What volunteer position are you interested in? (List of available positions at huntsvillelibrary.ca)

Please select the times when you are available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References

Name: Relationship: Phone #:

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Please acknowledge the following:

- I agree to maintain the Library Code of Conduct, complete orientation, and connect with a Library staff member if I have any questions regarding my volunteer placement.
- Criminal Reference Check** – If I am over 18 years of age and will be working with children and young adults and I agree to complete a Criminal Reference Check.
- Confidentiality Agreement** – I agree to maintain the confidentiality of all privileged information to which I am exposed while serving as a volunteer.

Applicant Signature: Date (dd/mm/yyyy):

For Library Use Only

Interview:

Placement:

Start Date:

Training: Health and Safety: AODA: General: