

ELL for Adults Program Volunteer Application

Date _____

Contact Information

Name		
Address		
Telephone	(h) _____	(w) _____
E-mail address		

The best way to contact me is by:

e-mail

home phone

work phone

I am:

Male

Female

When and where are you available? Tutors are asked to commit to one 2-hour session per week. Please indicate at which branch(es) and during which session time(s) you are available to volunteer.

Alderney Gate
60 Alderney Drive, Dartmouth
~ 490-4268

Tuesdays

1 - 3 pm

4 - 6 pm

6:30 - 8:30 pm

Keshen Goodman
330 Lacewood Drive, Halifax
~ 490-6408

Tuesdays

10 am - 12 pm

6:30 - 8:30 pm

Wednesdays

1 - 3 pm

6:30 - 8:30 pm

Fridays

2:30 - 4:30 pm

Saturdays

10 am - 12 pm

Halifax Central
5440 Spring Garden Road, Halifax
~ 490-5990

Mondays

1 - 3 pm

3:30 - 5:30 pm

Wednesdays

4 - 6 pm

6:30 - 8:30 pm

Fridays

9:30 - 11:30 am

Captain William Spry
15 Sussex Drive, Spryfield
~ 490-5715

Mondays

9:30 - 11:30 am

Woodlawn
31 Eisener Boulevard,
Dartmouth ~ 490-3707

Mondays

1 - 3 pm

4 - 6 pm

6:30 - 8:30 pm

Halifax North
2285 Gottingen Street,
Halifax ~ 490-6557

Mondays

12 - 2 pm

Tuesdays

10 am - 12 pm

6:30 - 8:30 pm

Bedford
15 Dartmouth Road, Bedford
~ 490-4073

Mondays

1 - 3 pm

Thursdays

2 - 4 pm

6:30 - 8:30 pm

Where did you hear about this program?

<input type="checkbox"/> In the Library Guide <input type="checkbox"/> On a poster in the community <input type="checkbox"/> On a poster in the Library <input type="checkbox"/> In a newspaper - <i>If yes, which one?</i> <input type="checkbox"/> On the radio - <i>If yes, which station?</i>	<input type="checkbox"/> On the Library's website <input type="checkbox"/> On another website - <i>If yes, which one?</i> <input type="checkbox"/> I have volunteered previously <input type="checkbox"/> Other
---	--

PROGRAM USE ONLY	Matched with _____	Notes:
	Date _____	

Some things about you:

Current occupation

Education:

Describe any skills and/or experience you have that will prove useful on tutoring:

What are your goals and expectations for this volunteer experience?

Do you have any concerns about volunteering? If yes, please specify:

Confidentiality agreement

During and after my time as a Halifax Public Libraries volunteer tutor, I hereby agree to respect the privacy of everyone involved in the Halifax Public Libraries ELL for Adults program. I will keep all information about participants confidential and will not discuss this information with anyone except the program coordinator.

Signed _____

Date _____