

Halifax Public Libraries English Conversation Group Volunteer Application

Date _____

About You

Name _____

Address _____

Phone (home) _____ (mobile) _____ (work) _____

E-mail _____

The best way to contact me is by: home phone mobile phone work phone e-mail

When and where are you available?

Please mark your first and second choices if you have more than one branch at which you could volunteer.

Choice

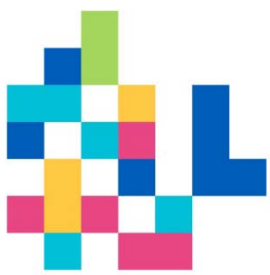
<input type="checkbox"/>	Alderney Gate	60 Alderney Drive, Dartmouth (902) 490-5745	<u>Saturdays</u> <input type="checkbox"/> 9:15 - 11:15 am (beginner/intermediate/advanced)
<input type="checkbox"/>	Bedford	15 Dartmouth Road, Bedford (902) 490-5740	<u>Mondays</u> <input type="checkbox"/> 9:30 - 11:30 am (beginner) <u>Saturdays</u> <input type="checkbox"/> 10 am - 12 noon (intermediate/advanced)
<input type="checkbox"/>	Halifax Central	5440 Spring Garden Road, Halifax (902) 490-5706	<u>Thursdays</u> <input type="checkbox"/> 10 am - 12 noon (beginner/intermediate/advanced)
<input type="checkbox"/>	Keshen Goodman	330 Lacewood Drive, Halifax (902) 490-6410	<u>Wednesdays</u> <input type="checkbox"/> 10 am - 12 noon (for women) <u>Thursdays</u> <input type="checkbox"/> 10 am - 12 noon (for women) <input type="checkbox"/> 7:00 - 8:30 pm (beginner) <u>Saturdays</u> <input type="checkbox"/> 1:00 - 2:30 pm (beginner) <input type="checkbox"/> 2:30 - 4:00 pm (intermediate/advanced)
<input type="checkbox"/>	Woodlawn	31 Eisener Boulevard, Dartmouth (902) 490-2636 ext 3	<u>Tuesdays</u> <input type="checkbox"/> 10:00 - 11:30 am (intermediate/advanced)

Some things about you

Current occupation:

Education:

Please see other side 



PROGRAM USE ONLY	Start Date:	Notes:
	Location / Branch:	
	Co-ordinator / Staff Person:	

Some things about you (continued)

Describe any skills and/or experience you have that will prove useful in working with newcomers and immigrants:

What are your goals and expectations for this volunteer experience?

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

Criminal Record Check

I agree that I will obtain a Police Record Check should I be so requested in furtherance of this application.

- Should I require a criminal records check I will provide the Halifax Regional Police or RCMP with personal information such as current and past addresses, previously used names and date and place of birth.
- I understand that the information the Halifax Public Libraries receives from criminal records checks will be used only for the purpose of screening applications for this position and any Library positions I might apply for in the future.

References

Please provide three (3) references (*References may be personal, but not a relation*)

	Name	Phone	Email
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Confidentiality agreement

During and after my time as a Halifax Public Libraries volunteer, 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 _____