

Date _____

Contact Information

Name			
Address			
Phone	(home)	(mobile)	(work)
E-mail			
The best way to contact me is by: <input type="checkbox"/> home phone <input type="checkbox"/> mobile phone <input type="checkbox"/> work phone <input type="checkbox"/> email			

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 490-4268	<u>Tuesdays</u> <input type="checkbox"/> 1 - 3 pm <input type="checkbox"/> 4 - 6 pm <input type="checkbox"/> 6:30 - 8:30 pm
<input type="checkbox"/>	Bedford	15 Dartmouth Road, Bedford 490-4073	<u>Mondays</u> <input type="checkbox"/> 1 - 3 pm <u>Thursdays</u> <input type="checkbox"/> 2 - 4 pm <input type="checkbox"/> 6:30 - 8:30 pm
<input type="checkbox"/>	Captain William Spry	16 Sussex Drive, Spryfield 490-5715	<u>Mondays</u> <input type="checkbox"/> 9:30 - 11:30 am
<input type="checkbox"/>	Halifax Central	5440 Spring Garden Road, Halifax 490-5990	<u>Mondays</u> <input type="checkbox"/> 1 - 3 pm <input type="checkbox"/> 3:30 - 5:30 pm <u>Wednesdays</u> <input type="checkbox"/> 4 - 6 pm <input type="checkbox"/> 6:30 - 8:30 pm <u>Fridays</u> <input type="checkbox"/> 9:30 - 11:30 pm
<input type="checkbox"/>	Halifax North Memorial	2285 Gottingen Street, Halifax 490-6557	<u>Mondays</u> <input type="checkbox"/> 12 - 2 pm <u>Tuesdays</u> <input type="checkbox"/> 10 am - 12 pm <input type="checkbox"/> 6:30 - 8:30 pm
<input type="checkbox"/>	Keshen Goodman	330 Lacewood Drive, Halifax 490-6408	<u>Tuesdays</u> <input type="checkbox"/> 10 am - 12 pm <input type="checkbox"/> 6:30 - 8:30 pm <u>Wednesdays</u> <input type="checkbox"/> 1 - 3 pm <input type="checkbox"/> 6:30 - 8:30 pm <u>Fridays</u> <input type="checkbox"/> 2:30 - 4:30 pm <u>Saturday</u> <input type="checkbox"/> 10 am - 12:00 pm
<input type="checkbox"/>	Woodlawn	31 Eisener Blvd, Dartmouth 490-3707	<u>Mondays</u> <input type="checkbox"/> 1 - 3 pm <input type="checkbox"/> 4 - 6 pm <input type="checkbox"/> 6:30 - 8:30 pm

PROGRAM USE ONLY	Matched with:	Notes:
	Date:	



Please see other side

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
