

# Halifax Public Libraries ELL for Adults Program Volunteer Application 2017-18

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

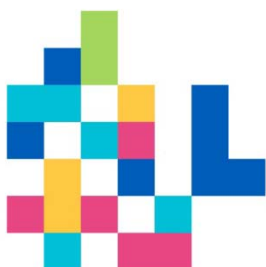
## When and where are you available?

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

Choice

<input type="checkbox"/>	<b>Alderney Gate</b>	60 Alderney Drive, Dartmouth (902) 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"/>	<b>Bedford</b>	15 Dartmouth Road, Bedford (902) 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"/>	<b>Captain William Spry</b>	15 Sussex Drive, Spryfield (902) 490-5715	<u>Mondays</u> <input type="checkbox"/> 9:30 - 11:30 am		
<input type="checkbox"/>	<b>Halifax Central</b>	5440 Spring Garden Road, Halifax (902) 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 am
<input type="checkbox"/>	<b>Halifax North Memorial</b>	2285 Gottingen Street, Halifax (902) 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"/>	<b>Keshen Goodman</b>	330 Lacewood Drive, Halifax (902) 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>Saturdays</u> <input type="checkbox"/> 10 am - 12:00 pm
<input type="checkbox"/>	<b>Woodlawn</b>	31 Eisener Boulevard, Dartmouth (902) 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

Please see other side



<b>PROGRAM USE ONLY</b>	Matched with:	Notes:
	Start Date:	
	Location / Branch:	
	Co-ordinator / Staff Person:	

## Some things about you

Current occupation:

Education:

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

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	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 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 \_\_\_\_\_