

Halifax Public Libraries Home Delivery Services 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

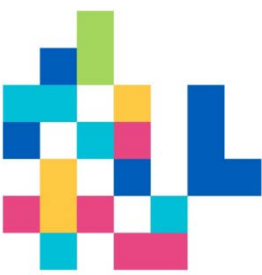
Preferred volunteer location

- Alderney Gate Public Library (60 Alderney Drive, Dartmouth ~ 902-490-5745)
- Captain William Spry Public Library (Captain William Spry Community Centre, 15 Sussex Dr., Spryfield ~ 902-490-5818)
- Sackville Public Library (636 Sackville Drive, Lower Sackville ~ 902-865-3744)
- Tantallon Public Library (Hubley Centre, 3646 Hammonds Plains Road, Upper Tantallon ~ 902-826-3330)

Tell us about you

Current occupation:	
Education:	
What skills do you have that may prove useful in this volunteer position?	
Are you able to lift books, cartons and other heavy objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or have access to a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about volunteering? If yes, please specify:	

Please see other side 



PROGRAM USE ONLY	Matched with:	Notes:
	Location / Branch:	
	Start Date:	
	Co-ordinator / Staff Person:	
	Passed on to other branches:	

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 adult literacy program. I will keep all information about participants confidential and will not discuss this information with anyone except the program coordinator.

Signed _____ Date _____