

Immigrant Services Programs Volunteer Application

Date _____

Name			The best way to contact me is by: <input type="checkbox"/> e-mail <input type="checkbox"/> home phone <input type="checkbox"/> work phone
Address			
Telephone	(h) _____	(w) _____	
E-mail address			

Which branch/program would you like to volunteer for?

- | | | |
|--|---------|-------|
| <input type="checkbox"/> Alderney Gate Public Library | Program | _____ |
| <input type="checkbox"/> Bedford Public Library | Program | _____ |
| <input type="checkbox"/> Halifax Central Library | Program | _____ |
| <input type="checkbox"/> Dartmouth North Public Library | Program | _____ |
| <input type="checkbox"/> Halifax North Memorial Public Library | Program | _____ |
| <input type="checkbox"/> Keshen Goodman Public Library | Program | _____ |
| <input type="checkbox"/> Woodlawn Public Library | Program | _____ |
| <input type="checkbox"/> Other _____ | Program | _____ |

Where did you hear about this program?

- In the Program Listings
- On a poster in the community
- On a poster in the Library
- In a newspaper If yes, which one? _____
- On the radio If yes, which station? _____
- On the Library website
- On another website If yes, which one? _____
- I have volunteered previously
- Other

PROGRAM USE ONLY	Start date: _____	Notes: _____
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Current occupation

Education

Describe any of your skills/experience that would prove useful in working with newcomers/immigrants.

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, I hereby agree to respect the privacy of everyone involved in the Halifax Public Libraries Immigrant Services programs. I will keep all information about participants confidential and will not discuss this information with anyone except the Regional Immigrant Services Library Assistant.

<i>Signed</i>		<i>Date</i>	
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