

Youth Volunteer Application



PERSONAL DATA

Name: _____

Phone: _____

Address: _____

City: _____

Postal Code: _____

E-mail: _____

Current school: _____

OTHER INFORMATION

At which libraries can you volunteer? _____

Why do you want to volunteer at the library? _____

Hobbies, Interests, Skills: _____

Are you applying for a particular youth volunteer position? Which one(s)? _____

REFERENCE

This is someone we can talk to about your abilities.

It must be an adult who is not related to you, such as a teacher, coach, or community leader.

Name: _____

Phone: _____

Relationship: _____

OFFICE USE ONLY



halifaxpubliclibraries.ca

Program/service: _____

Location: _____

Start Date: _____

Supervisor: _____

Other: _____

THANK YOU!

You have just taken the first step toward a new and exciting opportunity!

Please return to any Halifax Public Libraries branch.

Feel free to attach a copy of your resume.