

Halifax Public Libraries **Application for Youth Volunteer Opportunities**

NEW volunteer RETURNING volunteer

About You

Name _____

Address _____

Phone (home) _____ (mobile) _____ E-mail _____

The best way to contact me is by: home phone mobile phone e-mail

Current School _____ Grade _____

What are you interested in? *(for new volunteers only)*

At which branches can you volunteer?

<input type="checkbox"/> Alderney Gate	<input type="checkbox"/> Bedford	<input type="checkbox"/> Captain William Spry	<input type="checkbox"/> Cole Harbour
<input type="checkbox"/> Dartmouth North	<input type="checkbox"/> Halifax Central	<input type="checkbox"/> Halifax North Memorial	<input type="checkbox"/> JD Shatford Memorial
<input type="checkbox"/> Keshen Goodman	<input type="checkbox"/> Musquodoboit Harbour	<input type="checkbox"/> Sackville	<input type="checkbox"/> Sheet Harbour
<input type="checkbox"/> Tantallon	<input type="checkbox"/> Woodlawn		

Why do you want to volunteer at the library?

Tell us about your hobbies, interest, skills.

Are you applying for a particular youth volunteer position? Yes No

If yes, which one(s)?

Reference *(for new volunteers only)*

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 _____

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.



LIBRARY USE ONLY	Program / Service		Notes:
	Location	Start Date	
	Supervisor		