

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 are you available?

All sessions take place after school at the Halifax North Memorial Public Library, located at 2285 Gottingen Street in Halifax.

Tuesday  Wednesday  Thursday  Friday

### Tell us about you

Current occupation: \_\_\_\_\_


Education: \_\_\_\_\_

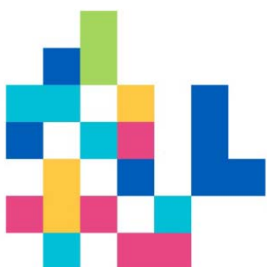
Describe any skills and/or experience you have that will prove useful in tutoring: \_\_\_\_\_

What are your goals and expectations for this volunteer experience? \_\_\_\_\_

Do you have any tutoring preferences, eg. gender or skill level / subject matter? If yes, please specify. \_\_\_\_\_

Do you have any concerns about volunteering? If yes, please specify: \_\_\_\_\_

Please see other side 



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

## 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 tutor, I hereby agree to respect the privacy of everyone involved in the Halifax Public Libraries children's reading support program. I will keep all information about participants confidential and will not discuss this information with anyone except the program coordinator.

Signed \_\_\_\_\_ Date \_\_\_\_\_