

# 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

### Where is your preferred volunteer location? Please mark all that apply.

<b>Alderney Gate Public Library</b>	60 Alderney Drive, Dartmouth	902-490-5745
<b>Captain William Spry Public Library</b>	Captain William Spry Community Centre, 15 Sussex Dr., Spryfield	902-490-5818
<b>Sackville Public Library</b>	636 Sackville Drive, Lower Sackville	902-865-3744
<b>Tantallon Public Library</b>	Hublely Centre, 3646 Hammonds Plains Road, Upper Tantallon	902-826-3330
<b>Woodlawn Public Library</b>	31 Eisener Boulevard, Dartmouth	902-490-2636

### Tell us about you

What skills do you have that may prove useful in this volunteer position?

Are you able to lift books, cartons, and other heavy objects?      Yes      No

Do you own or have access to a vehicle?      Yes      No

Do you have any concerns about volunteering? If yes, please specify.

<p><b>PROGRAM USE ONLY</b></p> <p>Location/Branch: _____</p> <p>Co-ordinator / Staff Person: _____</p> <p>Start Date: _____</p> <p>Co-ordinator / Staff Person: _____</p> <p>Passed on to other branches: _____</p>	<p>NOTES:</p>
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### Criminal Record Check

I agree that I will obtain a Criminal 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 3 references. References may be personal, but not from a relative.

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

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