

Get Your Apron On!



Food Programming Volunteer Application Adults

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 can you volunteer? Please mark all that apply.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Alderney Gate Public Library
60 Alderney Drive, Dartmouth
(902) 490-5745 | <input type="checkbox"/> Keshen Goodman Public Library
330 Lacewood Drive, Halifax
(902) 490-5738 | <input type="checkbox"/> Woodlawn Public Library
31 Eisener Boulevard,
Dartmouth
(902) 490-2636 | <input type="checkbox"/> Dartmouth North Public Library
105 Highfield Park, Dartmouth
(902) 490-5840 |
| <input type="checkbox"/> Captain William Spry Public Library
15 Sussex Drive, Spryfield
(902) 490-5818 | <input type="checkbox"/> Musquodoboit Harbour Public Library
7900 Highway 7
Musquodoboit Harbour
(902) 889-2227 | <input type="checkbox"/> Sackville Public Library
636 Sackville Drive
Lower Sackville
(902) 865-8653 | <input type="checkbox"/> Sheet Harbour Public Library
22756 Highway 7,
Sheet Harbour
(902) 885-2391 |
| <input type="checkbox"/> Halifax Central Library
5440 Spring Garden Road,
Halifax
(902) 490-5700 | <input type="checkbox"/> Tantallon Public Library
3646 Hammonds Plains Road
Upper Tantallon
(902) 826-3330 | <input type="checkbox"/> Bedford Public Library
15 Dartmouth Road, Bedford
(902) 490-5740 | <input type="checkbox"/> East Preston Family Resource Centre (Non-Library Location)
1900 Highway 7, East Preston
(902) 462-7266 |
| <input type="checkbox"/> Halifax North Memorial Public Library
2285 Gottingen Street, Halifax
(902) 490-5811 | | <input type="checkbox"/> Cole Harbour Public Library
51 Forest Hills Parkway
Cole Harbour
(902) 490-3820 | |

When are you available? Please mark all that apply.

- | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Afternoon | |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | | | |

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Food Programming Volunteer Application *Adults*

Some things about you

Do you have Food Safety certification? Yes No

Do you have any first aid training? Yes No

Do you have any food allergies? _____

I would be interested in working with:

Children Teens Adults Seniors All ages

NOTE: All food programming volunteer positions would involve assisting with food preparation, serving, assisting with other aspects of program delivery such as demonstration of cooking skills, and clean up. For details on specific programs, visit our Volunteer page at halifaxpubliclibraries.ca/support/volunteer

Describe any training, skills and personal/work experience you have that will prove useful in assisting with food programming:

What are your goals and expectations for this volunteer experience?

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

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 _____	_____	_____

Name _____ Signature _____ Date _____

PROGRAM USE ONLY

Start Date: _____

Location/Branch _____

Co-ordinator/Staff Person _____

NOTES: