

Learn, Discover, Create, Share!



Lou Duggan Creative Studio Volunteer Application Form 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

Some things about your interests:

I would like to help with the following types of projects:

- | | | |
|---|---|--|
| <input type="checkbox"/> 3D Printing | <input type="checkbox"/> Crochet | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Fibre Arts | <input type="checkbox"/> Scrapbooking/Collage |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> General crafting | <input type="checkbox"/> Soldering or small item electronic repair |
| <input type="checkbox"/> Creative Studio DIY | <input type="checkbox"/> Jewellery Making | <input type="checkbox"/> Stamp Carving/Print Making |
| <input type="checkbox"/> Cricut Cutter | <input type="checkbox"/> Knitting | |

I would be interested in hosting a program to share my skills/interests in the following topics:

When are you available? Please mark all that apply.

- | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <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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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 Teen Adult Seniors All ages

Tell us about your training, skills, and experience as related to your areas of interest noted above.

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 _____