

# English Conversation Group

## Adult Volunteer Application 2022-23



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 and when can you volunteer? Please mark all that apply.

**Virtual Zoom Meetings**

**Tuesdays**

10:00-11:30am

*For all levels*

**Send to:** aginfodesk@halifax.ca

1:00 - 2:30pm

*For intermediate and advanced levels*

**Send to:** aginfodesk@halifax.ca

**Thursdays**

6:00-7:30pm

*For intermediate and advanced levels*

**Send to:** kgconversation@halifax.ca

**In-Person Sessions**

**Tuesdays**

**Woodlawn Public Library**

10:00-11:30am

*For all levels*

**Where to register:**

31 Eisener Boulevard, Dartmouth, NS,  
(902) 490-2636 | converse@halifax.ca

**Wednesdays**

**Keshen Goodman Public Library**

10:00-11:30am

*For intermediate and advanced levels*

**Where to register:**

330 Lacewood Drive, Halifax  
(902) 490-5738 | kgconversation@halifax.ca

**Thursdays**

**Halifax Central Library**

10:00-11:30am

*For all levels*

**Where to register:**

5440 Spring Garden Road, Halifax  
(902) 490-5700 | centralconversation@halifax.ca

#### PROGRAM USE ONLY

Location/Branch: \_\_\_\_\_ Date: \_\_\_\_\_

Co-ordinator/ Staff Person: \_\_\_\_\_

NOTES:

## Some things 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 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 3 references (references may be personal but not of 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 English Conversation Group for Adults program. I will keep all information about participants confidential and will not discuss this information with anyone except the program coordinator.

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