

# Halifax Public Libraries **Application for Volunteer Opportunities**

Volunteer applications will be accepted at any time and will be kept on file

## Volunteer Position

Are you applying for a specific Volunteer Position?  Yes  No

If yes, please select  Adult Literacy  English Language Learning  Home Delivery  
 Newcomer English Conversation Group  Reading Support  Other \_\_\_\_\_

Select your preferred branch(es)

<input type="checkbox"/> Alderney Gate	<input type="checkbox"/> Bedford	<input type="checkbox"/> Captain William Spry	<input type="checkbox"/> Cole Harbour
<input type="checkbox"/> Dartmouth North	<input type="checkbox"/> Halifax Central	<input type="checkbox"/> Halifax North Memorial	<input type="checkbox"/> JD Shatford Memorial
<input type="checkbox"/> Keshen Goodman	<input type="checkbox"/> Musquodoboit Harbour	<input type="checkbox"/> Sackville	<input type="checkbox"/> Sheet Harbour
<input type="checkbox"/> Tantallon	<input type="checkbox"/> Woodlawn		

## I: Personal Information

First Name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_ Email \_\_\_\_\_

Available start date (d/m/y): \_\_\_\_\_

Have you ever been employed by or volunteered for the Halifax Regional Library?  Yes  No

If yes:

Branch \_\_\_\_\_ From (date) \_\_\_\_\_ To (date) \_\_\_\_\_

Branch \_\_\_\_\_ From (date) \_\_\_\_\_ To (date) \_\_\_\_\_

Branch \_\_\_\_\_ From (date) \_\_\_\_\_ To (date) \_\_\_\_\_

## II: Skills and Experience

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



<b>OFFICE USE ONLY</b>	<i>Program / Service</i>	<i>Notes:</i>
	<i>Location</i>	
	<i>Coordinator / Staff Person</i>	

## II: Skills and Experience (continued)

Teaching Experience \_\_\_\_\_ years

Tutoring Experience \_\_\_\_\_ years

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

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

## III: 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 HRL positions I might apply for in the future.

Applicant Signature \_\_\_\_\_ Date (d/m/y) \_\_\_\_\_

## IV: References

Please provide three (3) references

	Name	Phone	Alternate Phone
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____