

# Children's Reading Support 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

## When and where are you available?

All sessions take place after school.  Sackville Public Library, 636 Sackville Drive | Tuesdays

Halifax North Memorial Public Library, 2285 Gottingen Street  Tuesday  Wednesday  Thursday

## Tell us about you

Current occupation: \_\_\_\_\_


Education: \_\_\_\_\_

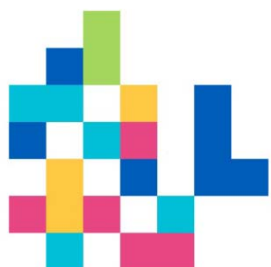
Describe any skills and/or experience you have that will prove useful in tutoring: \_\_\_\_\_

What are your goals and expectations for this volunteer experience? \_\_\_\_\_

Do you have any tutoring preferences, eg. gender or skill level / subject matter? If yes, please specify. \_\_\_\_\_

Do you have any concerns about volunteering? If yes, please specify: \_\_\_\_\_

Please see other side 



<b>PROGRAM USE ONLY</b>	Matched with:	
	Start Date:	
	Co-ordinator / Staff Person:	
	Other:	

## 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	_____	_____	_____

### Permission granted

If the program to which I am applying is currently at capacity for volunteers, I consent to having my application placed in a pool for future consideration for up to one year.

### Confidentiality agreement

During and after my time as a Halifax Public Libraries volunteer, I hereby agree to respect the privacy of everyone involved in my volunteer program at Halifax Public Libraries. I will keep all information about program participants, Library staff, other volunteers, and Library matters confidential, and will not discuss this information with anyone except my supervisor, program coordinator, Branch Manager, or other senior staff or the Volunteer Services Manager.

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