

Home Delivery Services

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

Where is your preferred volunteer location? Please mark all that apply.

Alderney Gate Public Library	60 Alderney Drive, Dartmouth	902-490-5745
Bedford Public Library	15 Dartmouth Road, Bedford	902-490-5740
Captain William Spry Public Library	Captain William Spry Community Centre, 15 Sussex Dr., Spryfield	902-490-5818
Sackville Public Library	636 Sackville Drive, Lower Sackville	902-865-3744
Tantallon Public Library	Hublely Centre, 3646 Hammonds Plains Road, Upper Tantallon	902-826-3330
Woodlawn Public Library	31 Eisener Boulevard, Dartmouth	902-490-2636

Tell us about you

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

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

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

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

<p>PROGRAM USE ONLY</p> <p>Location/Branch: _____</p> <p>Co-ordinator / Staff Person: _____</p> <p>Sart Date: _____</p> <p>Co-ordinator / Staff Person: _____</p> <p>Passed on to other branches: _____</p>	<p>NOTES:</p>
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Criminal Record Check

I agree that I will obtain a Criminal 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 from a relative.

Name:

Phone:

Email:

1. _____
2. _____
3. _____

Confidentiality agreement

During and after my time as a Halifax Public Libraries volunteer, I hereby agree to respect the privacy of everyone involved in the Halifax Public Libraries Home Delivery program. I will keep all information about participants confidential and will not discuss this information with anyone except the program coordinator.

Signed _____ Date: _____