

English Conversation Group

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

Virtual Zoom Meetings

Tuesdays

10:00 - 11:30am

For all levels

Send to: aginfodesk@halifaxlibrary.ca

1:00 - 2:30pm

For intermediate and advanced levels

Send to: zoomconversation@halifaxlibrary.ca

Thursdays

6:00 - 7:30pm

For intermediate and advanced levels

Send to: aginfodesk@halifaxlibrary.ca

In-Person Sessions

Tuesdays

Woodlawn Public Library

10:00 - 11:30am

For all levels

Where to register:

31 Eisner Boulevard, Dartmouth, NS

(902) 490-2636 | converse@halifaxlibrary.ca

Thursdays

Halifax Central Library

10:00 - 11:30am

For all levels

Where to register:

5440 Spring Garden Road, Halifax

(902) 490-5700 | centralconversation@halifaxlibrary.ca

Fridays

Captain William Spry Public Library

1:00 - 2:30pm

For all levels

Where to register:

16 Sussex Street, Halifax

(902) 490-5244 | cwsconversation@halifaxlibrary.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: _____