

CAVAN MONAGHAN LIBRARIES

Date _____

Contact information

Last name _____

First Name(s) _____

Address _____

City _____

Postal Code _____

Phone _____

Home _____

Business _____

Cell _____

Email _____

Please indicate your age category

12-17

18-49

50 – 65

over 65

Educational background

high school _____

university _____

college _____

other _____

What skills might you bring to our Library as a volunteer?

Previous Volunteer experience

Library

yes _____

no _____

Other

yes _____

no _____

Please describe the type of work you did.

Where would you like to volunteer?

Adult Services _____

Children's Services _____

Bruce Johnston Branch _____

Millbrook Branch _____

Are you interested in volunteering to fulfill high school community involvement requirements?

yes _____

no _____

Will you agree to a Police Records Check, if it is required for a volunteer placement?

yes _____

no _____

When are you available to volunteer? Please state suitable times for volunteering (for example 1-3 p.m.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning	xxxxxxx						
afternoon	xxxxxxx						
evening	xxxxxxx						

References

References will be contacted only if you are selected for an interview and are being considered for placement. All personal information will be kept confidential and will only be used for hiring purposes.

Name _____

Phone (_____) _____ Relationship _____

Name _____

Phone (_____) _____ Relationship _____

Name _____

Phone (_____) _____ Relationship _____

I authorize the individual, company or institution as listed above to provide the Cavan Monaghan Libraries with any information they may have concerning my work performances. Please sign below to provide permission for the Waterloo Public Library to contact your references.

Volunteer applicant Signature _____ Date _____

If you are under eighteen years of age, a parent or legal guardian must also sign the following:

I hereby certify that I am the parent/legal guardian of: _____
 a minor pursuant to the Age of Majority and Accountability Act and that he or she has my permission to serve as a volunteer with the Cavan Monaghan Libraries. As the parent/legal guardian I fully understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer.

Parent/Legal Guardian Signature _____ Date _____

In case of an emergency while you are volunteering, who should be contacted?

Name _____

Phone (_____) _____ Relationship _____