

<b>Your Name:</b>	_____	Date:	_____
<b>Your Address:</b>	_____	Phone (Home):	_____
	_____	Phone (Cell):	_____
	_____	E-mail:	_____
<b>Your Birth Date</b> (for Library use only)	_____	Preferred method of contact:	_____

**Your Work Experience:**

From-To: \_\_\_\_\_ Organization \_\_\_\_\_

Duties: \_\_\_\_\_

From-To: \_\_\_\_\_ Organization \_\_\_\_\_

Duties: \_\_\_\_\_

From-To: \_\_\_\_\_ Organization \_\_\_\_\_

Duties: \_\_\_\_\_

**Your Volunteer Experience:**

From-To: \_\_\_\_\_ Organization \_\_\_\_\_

Duties: \_\_\_\_\_

From-To: \_\_\_\_\_ Organization \_\_\_\_\_

Duties: \_\_\_\_\_

From-To: \_\_\_\_\_ Organization \_\_\_\_\_

Duties: \_\_\_\_\_

**Your  
Education:** \_\_\_\_\_

**Your Skills &  
Interests:** \_\_\_\_\_  
\_\_\_\_\_

**Why are you interested in volunteering at the Stratford Public Library? Is there a particular area that interests you?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your preferences as it relates to volunteering your time?**

Regular (monthly, weekly, or daily)       Occasional

Preferred day(s): \_\_\_\_\_ morning, afternoon, evening: \_\_\_\_\_

During March Break?       Yes  
    No

During Summer Months?       Yes  
    No

**Does the Library currently employ any members of your immediate family?**

Yes                       No

If yes, please indicate by name: \_\_\_\_\_

**How did you learn about Volunteer Services at the Stratford Public Library?**

(Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Family, friend, acquaintance | <input type="checkbox"/> Newspaper Article |
| <input type="checkbox"/> Newsletter                   | <input type="checkbox"/> Radio Ad          |
| <input type="checkbox"/> Event                        | <input type="checkbox"/> Other             |

**References:** Please provide two references (i.e. previous agency where you volunteered, an employer or colleague. Please do not include relatives).

Name	E-Mail	Phone	Relationship

**Authorization for Collection of Personal Information**

I, \_\_\_\_\_, authorize the Stratford Public Library to collect personal information appropriate to the volunteer position applied for concerning my employment history and volunteer experience, and to verify the character references I have supplied. I understand that any information obtained is kept confidential. I hereby certify that the above information is true to the best of my knowledge, and agree to keep the Library informed of any changes to same. I understand that any willful falsification of information may result in termination of my volunteer assignment.

I hereby authorize the above named referees to provide a reference in connection with this application, and release them from any liability in regard to the same.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form to the Library, to the attention of Kate Schillings, or call 271-0220, extension 122, for more information**

**Thank you for offering to volunteer, and please note:**

**After first checking current applications on file, any further openings are posted on:**

- the library bulletin board;
- <http://www.stratford.library.on.ca/volunteer.html>

**Applications, while accepted at any time, are:**

- processed in the order of receipt, and as openings occur;
- kept on file pending openings for 1 year