

Your Name:	_____	Date:	_____
Your Address:	_____	Phone (Home):	_____
	_____	Phone (Cell):	_____
	_____	E-mail:	_____
Your Birth Date (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