



PORT HOPE
PUBLIC LIBRARY

VOLUNTEER APPLICATION

First Name:		Last Name:	
Address:			
City:		Postal Code:	Home Phone #:
Cell Phone #:		Email:	
Birth Date: (under age 18)		Spoken/Written Languages: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:	
Name of Emergency Contact:			Phone #:
Why do you want to volunteer?		<input type="checkbox"/> Share Skills <input type="checkbox"/> Recently Retired <input type="checkbox"/> Work Experience <input type="checkbox"/> Co-op <input type="checkbox"/> Secondary School Community Service <input type="checkbox"/> Help Others <input type="checkbox"/> Meet new people <input type="checkbox"/> Other	
How did you learn about PHPL volunteer opportunities?		<input type="checkbox"/> Poster/Flyer <input type="checkbox"/> Staff <input type="checkbox"/> Family Friend <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Website/Social Media	
You may work at more than one location		<input type="checkbox"/> Mary J. Benson <input type="checkbox"/> Hub at Canton <input type="checkbox"/> No preference	
What volunteer role(s) are you interested in learning more about?		<input type="checkbox"/> Programming <input type="checkbox"/> Children's <input type="checkbox"/> Adult <input type="checkbox"/> Friends of the Library <input type="checkbox"/> Fundraisers <input type="checkbox"/> Special Events <input type="checkbox"/> Other – Specify	
Tell us about you (related skills, training, volunteer experience, certificates, hobbies, spare-time activities)			
Do you have any limitations? (i.e. cannot stand for long periods of time)			



Reference Check Consent

I hereby authorize the persons listed below to provide any information or record which may be requested by Port Hope Public Library (PHPL). I also waive any right of action against any person or institution who may provide information or opinions as part of this request.

Name	Relationship to You	Phone
1.		
2.		

Statement of Understanding

I understand that I must participate in a volunteer orientation and follow the PHPL Policies and Procedures. I understand I am required to provide character references and obtain and submit a current Police Criminal Record Check before I begin my volunteer placement.

Confidentiality

I promise to hold in confidence all information pertaining to persons that may come to my attention in my activities at PHPL. I will respect the privacy of those whom I serve and confer with the person to whom I report or my supervisor in matters relating to the well-being of the library's clients. I will use any client information gained in the course of my service with PHPL in a responsible manner.

Fire Safety

I have read and understand the PHPL fire and emergency procedures. I will follow the procedures to the best of my ability in all emergency situations

Canada's Anti-Spam Legislation

I give consent to receive emails from PHPL. E-mail address will not be distributed to any third parties unless required by law.

Signed: _____ Date: _____

OFFICE USE ONLY

Interview Date:	Interviewed by:
Referral Date:	Volunteer Role:
Training Date:	Reference Check Date:
Inactive Date:	