



Volunteer Application Form

Date: _____

First Name(s)

Last Name

Address

City

Postal Code

Telephone: Home

Cell

Email

Are you a member of the SDG Library? Yes No

SDG Library card number _____

Work/Volunteer Experience

Languages Spoken: _____

Why are you interested in volunteering with the SDG Library?

Preferred location(s) for volunteering:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Alexandria | <input type="checkbox"/> Avonmore | <input type="checkbox"/> Chesterville |
| <input type="checkbox"/> Crysler | <input type="checkbox"/> Finch | <input type="checkbox"/> Ingleside |
| <input type="checkbox"/> Iroquois | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Long Sault |
| <input type="checkbox"/> Maxville | <input type="checkbox"/> Morrisburg | <input type="checkbox"/> South Mountain |
| <input type="checkbox"/> Williamsburg | <input type="checkbox"/> Williamstown | <input type="checkbox"/> Winchester |
| <input type="checkbox"/> Administration | | |

How often do you wish to volunteer? _____ hours/week _____ days/month

How did you hear about volunteer opportunities at the SDG Library?

Are you applying in order to meet the secondary school community involvement requirement?

- Yes No

If yes, please indicate the school: _____

For Applicants Under 18 (minimum age 14 years old)

Applicant's Age _____
Parent/Guardian's Name
Parent/Guardian's Signature

For Library Staff Use

Date Received:

Other info:

- Interview References Police Check DS CL

References (For Applicants 18 years and older)

Please provide contact information for two (2) references (volunteer, employment and/or academic).

Reference:

First Name(s)	Last Name
Position/Job Title	Relation to Applicant
Phone Number/Email	

Reference:

First Name(s)	Last Name
Position/Job Title	Relation to Applicant
Phone Number/Email	

I hereby give my permission for Stormont, Dundas & Glengarry County Library to contact any or all of the references above, and for each person listed to release the requested personal information to authorized staff at the Stormont, Dundas & Glengarry County Library.

Applicant's name (please print)	Date
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Applicant's signature

Criminal Record Checks (For Applicants 18 years and older)

All new volunteers 18 years of age and older may be required to provide a Criminal Record Check at their own expense. If the Check is necessary, the cost will be refunded by the Library after the completion of three consecutive months of volunteer service.

Personal information on this form is collected under the authority of the Public Libraries Act, R.S.O. 1990, c.P44, and is subject to the provisions of the Municipal Freedom of Information and Personal Privacy Act. This information is used for the administration of Library operations only. Questions about this collection should be forwarded to: Library Services, 26 Pitt St., Cornwall, ON K6J 3P2 613-936-8777.