

# Volunteer Application Form

Please Print

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer or School: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

Emergency Contact Person (Name):

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Are you applying in order to meet a community service requirement for secondary school or another program?

Yes \_\_\_ No \_\_\_

If yes, what program or organization \_\_\_\_\_ How many hours? \_\_\_\_\_

Please identify any previous employment, volunteer work, or educational experience you feel is relevant to your interest in volunteering with Welland Public Library:

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

Name and Telephone Number of Two (2) References:

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

Available For Volunteer Work	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Morning</b>						
<b>Afternoon</b>						
<b>Evening</b>						

Do you have a valid driver's license? \_\_\_ Yes \_\_\_ No

I certify that I am covered by appropriate vehicle insurance and am licensed to drive a vehicle. I further certify that I accept responsibility for any fines or parking tickets which may occur as a result of performing duties for the volunteer service.

Date \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date