

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
Morning						
Afternoon						
Evening						

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