

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How old are you?       14 – 18       18+

Why would you like to volunteer at Stratford Public Library?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any previous volunteer experience?       YES       NO

If you do have previous volunteer experience, please list below:

**Your Volunteer Experience:**

Organization: \_\_\_\_\_

Dates From-To: \_\_\_\_\_

Duties: \_\_\_\_\_

**The volunteer positions(s) I'm most interested in are:**

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Programs | <input type="checkbox"/> Tech Tutor               |
| <input type="checkbox"/> Book Mending   | <input type="checkbox"/> Teen Programs            |
| <input type="checkbox"/> MakerSpace     | <input type="checkbox"/> Visiting Library Service |
| <input type="checkbox"/> Reading Buddy  | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Shelf Reading  |   |

**What are your preferences as it relates to volunteering your time?**

- Regular (monthly, weekly)       Occasional

**References:** Please provide two references (i.e. previous agency where you volunteered, an employer or colleague; do not include relatives or friends).

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 your completed application to the Library, to the attention of Brandi Gillett, either electronically at [bgillett@splibrary.ca](mailto:bgillett@splibrary.ca) in person, or via the library's external book-drop. Questions? Reach Brandi at 519-271-0220, ext. 116.**

**Thank you for offering to volunteer, and please note the following proviso:**

Applications are accepted anytime with the understanding that they will be kept on file for one year pending available opportunities. While every effort is made to accommodate an applicant within this one-year period, an opportunity to volunteer cannot be guaranteed.

I have read and understand this proviso. Check here