



Volunteer Services
Application (minimum 14 years of age)

Name:	_____	Date:	_____
Address:	_____	Phone (Home):	_____
	_____	Phone (Cell):	_____
	_____	E-mail:	_____
Birth Date: (<u>required</u> , for Library use only):	_____	Preferred method of contact:	_____

Your Work Experience:

From-To: _____ Organization _____

Duties: _____

From-To: _____ Organization _____

Duties: _____

From-To: _____ Organization _____

Duties: _____

Your Volunteer Experience:

From-To: _____ Organization _____

Duties: _____

From-To: _____ Organization _____

Duties: _____

From-To: _____ Organization _____

Duties: _____

Your Education:

Your Skills,
Hobbies &
Interests:

What about volunteering at the Stratford Public Library appeals to you?

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

- Regular (monthly, weekly, or daily) Occasional
 In Person Virtually Either in person or virtual

Preferred day(s): _____ morning, afternoon, evening: _____

- During March Break? Yes No During Summer Months? Yes No

I would consider volunteer roles that involve (check all that apply):

Note: certain volunteer roles require background checks (n/a to teens)

- detail oriented tasks supporting program staff (adult, teen or children)
 creativity technology
 one on one mentoring (adult or children)

From the roles I saw on the SPL Volunteer Page, I am especially interested in:

What online platforms do you use currently, or might you be comfortable using? Please list.

- Video Call: _____
 Social Media: _____
 Other: _____

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 Kate Schillings, either electronically at kschillings@splibrary.ca, in person, or via the library’s external book-drop. Questions? Reach Kate at 519-271-0220, ext. 122.

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