



Youth Volunteer Application

First Name _____ Last Name _____

Address _____

City _____ Postal Code _____

Phone _____ Education: Last grade completed _____

Email _____

Are any family members currently employed by the library? If yes – Branch: _____

Are you applying in order to earn volunteer hours for school? (circle) Yes No

If so, are you in (circle): Grade 8 High School IB Program # of hours needed:

Please circle or checkmark the areas in which you are interested in volunteering. To check current openings, look under 'Volunteer at BPL' on the library website: www.bpl.on.ca.

TAB (Teen Advisory Board) (ages 12-18)

Fusion

Teen/Senior Tech Meet-Up volunteer

Pillar project

Children's Programming: Summer/Maker Buddies

School Year

Other: _____

Please provide the days and times you are available: _____

Preferred location (circle):

Aldershot Alton Brant Hills Central Kilbride New Appleby Tansley Woods

1. Why are you interested in volunteering at BPL?
2. Outline your work and volunteer experience or any library programs that you have participated in. You may attach a resume.
3. What qualities do you have that would make you a great BPL volunteer?
4. What are your hobbies or interests?

Thank you for your interest however only those individuals receiving serious consideration will be contacted.

Volunteer Agreement

As a volunteer for the Burlington Public Library Volunteer Program, I agree to comply with the following:

1. I will complete the volunteer orientation/training program.
2. I will abide by the library's General Human Resources Policies and Code of Conduct as outlined in the Volunteer Handbook.
3. I will commit to participate in the volunteer program for the duration of the program and will provide notification when unable to do so.
4. I understand that all information which I hear directly or indirectly concerning a library customer is confidential. I agree to keep all information regarding my reading buddy, library customers, library staff and volunteers confidential.
5. If working with children, I will report any suspicion of child abuse of any nature to my volunteer coordinator/supervisor immediately.
6. I understand that I must follow Burlington Public Library's policies, procedures and volunteer requirements. If this volunteer placement does not work out, either BPL or I can terminate this agreement following a discussion with my supervisor.
7. I understand that I will receive no monetary or gratuitous payment for any volunteer services performed.
8. I understand that the Workplace Safety and Insurance Act (1997) does not cover illnesses or injuries incurred while performing volunteer duties, and that it is my responsibility to see if medical coverage is provided by the provincial or my personal health care plans.
9. I understand the terms of this agreement and that I will be subject to termination if I violate them.

Signature of volunteer:

Supervisor:

Department/Branch:

Date:
