



# Volunteer Application Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Education: Indicate the last grade completed \_\_\_\_\_

Are any family members currently employed by the library?  Yes  No If yes, which branch? \_\_\_\_\_

Are you between the ages of 10-18? If so, please fill out the **Youth Volunteer Application Form**

Please indicate below in which volunteer area you are interested. Note: These are the areas in which we hire volunteers. However, to check current openings, see the library website under "Volunteer at BPL" at the bottom of the home page.

Visiting Library Services (Delivery to Home Readers - a Driver's Abstract will be required) <input type="checkbox"/> Yes <input type="checkbox"/> No Other volunteer position posted on website - Please indicate _____
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Please indicate the days and times you are available \_\_\_\_\_

Preferred Location  Aldershot  Alton  Brant Hills  Central  Killbride  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? \_\_\_\_\_

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

Criminal Records Check with Vulnerable Sector Screening is required of volunteers 19 and over.

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

# VOLUNTEER AGREEMENT

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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: \_\_\_\_\_

Date: \_\_\_\_\_ Dept./Branch: \_\_\_\_\_