

<b>Name:</b>	Date:
<b>Address:</b>	Phone (Home):
	Phone (Cell):
	E-mail:
<b>Birth Date</b> (required, 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 & Interests:** \_\_\_\_\_  
\_\_\_\_\_

**Why are you interested in volunteering at the Stratford Public Library? Is there a particular area that interests you?**

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

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

Regular (monthly, weekly, or daily)       Occasional

Preferred day(s): \_\_\_\_\_ morning, afternoon, evening: \_\_\_\_\_

During March Break?       Yes       No

During Summer Months?       Yes       No

**Does the Library currently employ any members of your immediate family?**

Yes       No

If yes, please indicate by name: \_\_\_\_\_

**How did you learn about Volunteer Services at the Stratford Public Library?**

(Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Family, friend, acquaintance | <input type="checkbox"/> Library Social Media |
| <input type="checkbox"/> Library Website              | <input type="checkbox"/> Radio Ad             |
| <input type="checkbox"/> Event                        | <input type="checkbox"/> Other                |

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

<b>Check each opportunity that might be of interest to you</b> <b>Minimum Age to volunteer is 14 years</b> <b>Appropriate training is provided for each opportunity</b> <b>* Background Check Required for this assignment</b>			
Weekly			
Library Area	Volunteer Duty	Description	√
Patron Services	Book Collection Maintenance (Shelf-Reader)	<ul style="list-style-type: none"> <li>ensure shelf order of book, movie &amp; music, and magazine collections</li> </ul>	
Custodial Services	Recycling	<ul style="list-style-type: none"> <li>collect and sort recyclable materials for pick up by the city</li> </ul>	
Library Services	Brochure Prep	<ul style="list-style-type: none"> <li>preparing supplies of library program &amp; services brochures</li> </ul>	
	Bulletin Board Maintenance	<ul style="list-style-type: none"> <li>sort, prepare, and post community posters on library bulletin boards</li> </ul>	
Patron & Technical Services	Audio/Video Disc Maintenance	<ul style="list-style-type: none"> <li>check, clean and re-shelve CD/DVD discs; resurface as necessary</li> </ul>	
	Tech Tutor *	<ul style="list-style-type: none"> <li>one-on-one, in-library technology trainer</li> </ul>	
Occasional			
Tech Services	Book Mending	<ul style="list-style-type: none"> <li>repair/mend library books</li> </ul>	
Programming	Program Assist	<ul style="list-style-type: none"> <li>assist at various adult, teen or children's programmes</li> </ul>	
Program Specific			
Home Delivery Service * (vehicle required) (flexible frequency)		<ul style="list-style-type: none"> <li>deliver library materials to and from homebound patrons</li> </ul>	
Reading Buddy Program * (4/year) (English or French)		<ul style="list-style-type: none"> <li>one-to-one reading support to school age children</li> </ul>	

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

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 this completed form to the Library, to the attention of Kate Schillings, or call 271-0220, extension 122, for more information**

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

**After first checking current applications on file, any further openings are posted on:**

- the library bulletin board;
- <http://www.stratford.library.on.ca/volunteer.html>

**Applications, while accepted at any time, are:**

- processed in the order of receipt, and as openings occur;
- kept on file pending openings for 1 year