



Name:	_____	Date:	_____
Address:	_____	Phone (Home):	_____
	_____	Phone (Cell):	_____
	_____	E-mail:	_____
Birth Date (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 the library's Volunteer Services?

(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"/> <i>I Volunteer Perth Huron</i> website | <input type="checkbox"/> Other _____ |

Name: _____ Date: _____

<p style="color: blue;">Check each opportunity that might be of interest to you</p> <p>Minimum Age to volunteer is 14 years</p> <p style="color: blue;">Appropriate training is provided for each opportunity</p> <p>★ Background Check Required for this assignment</p>			
Weekly			
Library Area	Volunteer Duty	Description	√
Patron Services	Book Collection Maintenance (Shelf-Reader)	<ul style="list-style-type: none"> ensure shelf order of book, movie & music, and magazine collections 	
Custodial Services	Recycling	<ul style="list-style-type: none"> collect recyclable materials around the library for pick up by the city 	
Patron & Technical Services	Audio/Video Disc Maintenance	<ul style="list-style-type: none"> check, clean and re-shelve CD/DVD discs 	
	Tech Tutor ★	<ul style="list-style-type: none"> one-on-one, in-library technology coach 	
Occasional			
Tech Services	Book Mending	<ul style="list-style-type: none"> repair/mend library books 	
Programming	Program Assist	<ul style="list-style-type: none"> assist at various <i>adult, teen</i> or <i>children's</i> programs 	
Program Specific			
<p style="color: blue;">Home Delivery Service ★ (vehicle required) (flexible frequency)</p>		<ul style="list-style-type: none"> deliver library materials to and from homebound patrons 	
<p style="color: blue;">Reading Buddy Program ★ (4/year) (English or French)</p>		<ul style="list-style-type: none"> one-to-one reading support to school age children 	
<p style="color: blue;">Teen Advisory Group (approx. 1x/month); opportunity open to teens from 14 – 18 years</p>		<ul style="list-style-type: none"> share ideas to influence youth-specific library programs/services 	
<p style="color: blue;">Minecraft Meet-up (1x/month)</p>		<ul style="list-style-type: none"> facilitate a drop-in meet-up for new and seasoned Minecrafters 	
<p style="color: blue;">Makerspace ★ Program Assistant</p>		<ul style="list-style-type: none"> assist staff in delivering MakerSpace programming 	

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

Name	E-Mail	Phone	Relationship
<hr/> <hr/>			

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 filling openings from the current applications on file, any further openings are posted on:

- the library bulletin board; and/or
- www.stratford.library.on.ca/volunteer; and/or
- ivolunteerperthhuron.ca

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