

## **Volunteer Application**

## The minimum age requirement for volunteers is 14

| First Name:         |   | La       | st Name:          |        |                    |
|---------------------|---|----------|-------------------|--------|--------------------|
| Address:            |   |          |                   |        |                    |
| City:               |   | Posta    | l Code:           |        |                    |
| Contact number:     | ()  |          | _ Email:          |        |                    |
| Library card num    | ber                                       |          | _                 |        |                    |
| Highest level of    | education/grade com                       | pleted _ |                   |        |                    |
| Are you a full tim  | ne student?                               | □Yes     | □No               |        |                    |
| Volunteer experi    | ence:                                     |          |                   | _      |                    |
| Work experience     | :   |          |                   |        |                    |
| Interests, langua   | iges spoken, special                      | skills:  |                   |        |                    |
|                     | applicants who ar<br>ided must be of pers |          |                   | report | ed to professional |
| 1                   | contact nur                               | nber: (  | )                 |        |                    |
| Please indicate t   | ne relationship to ref                    | erence:  | 1                 |        |                    |
| Rank each bran      | nch in order of you                       | r prefe  | rence:            |        |                    |
| ninguacousy         | Four Corners                              | Sout     | th Fletcher's     |        | South West         |
| ril Clark           | Gore Meadows _                            | _ Mou    | nt Pleasant Villa | ge     | Springdale         |
| ease indicate the t | imes you are availab                      | le to vo | lunteer:          |        |                    |
| mornings □ af       | ternoons 🗆 eve                            | enings   | □ weekdays        | □ we   | eekends            |

| Please tell us why you would like to volunteer at Brampton Library:  |
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| Volunteer opportunities:   |
| □ Program Assistant - assist staff with programs   |
| $\hfill\square$ Brampton Library Visiting Service - deliver Library material to homebound customers  |
| $\hfill\square$ Senior Library Council - assist the Library in meeting the needs of adults in our community  |
|  |
|  |
| I agree to obtain a Police Records check upon accepting a volunteer position at Brampton Library   |
| Personal information is collected under the authority of the Public Libraries Act, R.S.O. 1990, Chap. P44 Section 23, Subsectio 4. This information will be used for fundraising and in the management of Library Services. Questions about this collection should be directed to the Chief Executive Officer, Brampton Library, 65 Queen Street East, Brampton, ON L6W 3L6 905-793-4636, ext. 4311. |
| I have read and agree to the terms above   |
| Date:  |
|  |

**Please note:** Applications are kept on file for a period of 6 months. Due to the large number of applications received, only applicants selected for a position will be contacted.

This application is available in alternate format or with communication supports upon request