

# Admaston/Bromley Public Library

## Volunteer Application

Personal information on this form is collected under the authority of the Public Libraries Act, R.S.O. 1990, c P.44 and will be used to select volunteers for the Admaston/Bromley Public Library. Personal information in this form is for internal purposes only.

*Note: Only those persons who are 14 or older are eligible to be volunteers at the Admaston/Bromley Public Library*

**Please Print**

\_\_\_\_\_

Last Name First Name

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation (please indicate if you are a student\*) \_\_\_\_\_

\*Students who require volunteer hours as part of the Community Service Program, please indicate:

Grade: \_\_\_\_\_ Number of hours required \_\_\_\_\_ and by what date: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Employment Experience: \_\_\_\_\_

Interests, Languages Spoken, Special Skills: \_\_\_\_\_

I want to volunteer at the A/BPL because: \_\_\_\_\_

Available for Volunteer Work	MON	TUES	WED	THURS	FRI	SAT
Circle the times and dates that you are available.	4 – 6	Closed	3 – 5	Closed	Closed	10 - 1
	6 - 8	Closed	6 - 8	Closed	Closed	Closed

**References:** As part of the screening and placement process, all volunteers are required to submit two personal references. Individuals between 14 – 18 years of age may be asked to supply two letters of reference. References must be over 18 years of age and should not be members of your immediate family. A police check may also be required for specific activities.

1. \_\_\_\_\_

Name Relationship Phone Number

2. \_\_\_\_\_

Name Relationship Phone Number

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**As a volunteer, I fully understand and agree to the following:**

- I agree to hold harmless the Admaston/Bromley Public Library from all claims, demands, causes of action, loss, costs or damages that the Library may suffer, incur or be liable for in relation to any injury or property damage I may suffer or cause in connection with my participation as a volunteer. I hereby release, waive, and discharge the Library from all liability to my heirs, executors, administrators, and assignees for all loss or damage and any claims or demands for such loss or damage on account of injury to person or property.
- I understand that Ontario Workplace Safety and Insurance Act does not apply to volunteers, and that as a result I am not entitled to make any claims for compensation pursuant to the Ontario Workplace Safety and Insurance Act.
- I authorize the Library to verify all information and/or dates contained in my application including contacting the persons listed for the purpose of obtaining personal references and any data contained in my personnel file.
- That except authorized, I will not disclose, release or make use of any confidential or personal information that has been shared with, or acquired by me as a volunteer.
- That I will not receive any remuneration, salary, wage, payment or any employee benefits whatsoever, and I understand that the Library may at its sole discretion reassign me or terminate my services as a volunteer, without notice or compensation.
- I give my permission for my picture to be taken at Library events, and for those pictures and/or my verbal written comments to be used by the library for publicity and campaign purposes.

Only those applicants being considered for a placement will be contacted. This application will be kept on file for six months.

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes  No

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**If under 18 years of age, a parent or legal guardian is also required to sign.**

I hereby certify that I am the parent/legal guardian of \_\_\_\_\_ and that she/he has my permission to serve as a volunteer with the Library. As the parent/legal guardian I fully understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

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