

Appendix A

**Volunteer Policy**

Volunteer Application Form

# Contact Information

Name: Click here to enter text.
Address: Click here to enter text.
Phone: Home: Click here to enter text. Cell: Click here to enter text. Work: Click here to enter text.
Email: Click here to enter text.
Best way to contact me (home phone, cell phone, email): Click here to enter text.

# Preferred Volunteer Location (please select)

[ ]  Elmsdale Library

[ ]  Mount Uniacke Library

[ ]  Stewiacke Library

[ ]  Tatamagouche Library

[ ]  Truro Library

[ ]  Truro Library – Headquarters

[ ]  Satellite Site - Please specify: Click here to enter text.

# About You

What type of volunteer work are you interested in?

 Click here to enter text.
Why do you want to volunteer at the Library?
Click here to enter text.

Do you have any concerns about volunteering? If yes, please specify.
Click here to enter text.

Tell us about your skills, hobbies, and interests that would apply to volunteering at the Library.

Click here to enter text.

Are you able to lift books, cartons, and other heavy objects?

Do you own or have access to a vehicle? (only for Library Delivery Service)

Are you 19 or older? (only for Library Delivery Service)

[ ]  **YES** [ ]  **NO**

[ ]  **YES** [ ]  **NO**

[ ]  **YES** [ ]  **NO**

# Availability

Please indicate your availability to volunteer, including the time of day:

[ ]  Monday: Click here to enter text.

[ ]  Tuesday: Click here to enter text.

[ ]  Wednesday: Click here to enter text.

[ ]  Thursday: Click here to enter text.

[ ]  Friday: Click here to enter text.

[ ]  Saturday: Click here to enter text.

# References

Please provide the names of **two** references (they can be personal, but not a relation):

## Reference 1

Name: Click here to enter text.
Phone Number: Click here to enter text.

Email: Click here to enter text.

## Reference 2

Name: Click here to enter text.
Phone Number: Click here to enter text.

Email: Click here to enter text.

# Safety Checks

To ensure the safety of Library patrons, the Library requires that Volunteers aged 18 and older provide the following:

* Criminal Record Check
* Vulnerable Sectors Check
* Child Abuse Registry Check

The Library also requires that Volunteers for the Library Delivery Service provide the following:

* Proof of Valid Driver’s License
* Proof of Automobile Insurance
* Satisfactory Driver Abstract
* Satisfactory Claims Experience Letter

Do you consent to providing these checks to the Library (as applicable)?

[ ]  **YES** [ ]  **NO**

# Parent/Guardian Consent (for Volunteers ages 14-18)

I support this application for my child Click here to enter text. to volunteer with the Colchester-East Hants Public Library.

Click here to enter text.

**Name of Parent/Guardian**

Click here to enter text.

**Signature of Parent/Guardian**

Click here to enter text.

**Date**

# Applicant Signature

*I certify that the statements made are true and complete, to the best of my knowledge. I understand this is strictly a volunteer position and I will receive no remuneration for services and time volunteered.*

Click here to enter text.

**Applicant Signature**

Click here to enter text.

**Date**

Please return the completed form to the Branch Manager.