



DATE: _____

VOLUNTEER APPLICATION

Thank you for choosing to volunteer with the Okotoks Public Library. Volunteers are recognized as contributors to the vision and mission of the library. Collection of personal information is for internal purposes only and protected by the privacy provision of the **Freedom of Information and Protection of Privacy Act (FOIP)**.

CONTACT INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

May we use e-mail as the primary way to contact? Yes No

Emergency Contact: _____

Relationship to Volunteer: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Relationship to Volunteer: _____

Home Phone: _____ Cell Phone: _____

AVAILABILITY

Please indicate the day(s) and time(s) that you are available to volunteer:

	Tues	Wed	Thu	This column pertains to Monday/Friday/Saturday only	Mon	Fri	Sat
10:00am-12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
12:00pm-2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2:00pm-4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10:00am-12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00pm-6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12:00pm-2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00pm-8:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2:00pm-5:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any skills, hobbies, interests or a second language, which might be an asset to the library:

Are you interested in being a member of the Friends of the Library? Yes No

RECENT VOLUNTEER EXPERIENCE

Name of Organization: _____ Date: _____

Duties: _____

Name of Organization: _____ Date: _____

Duties: _____

Please share with us any cognitive, physical or medical limitations (including allergies) that could affect your volunteer placement:

STATEMENT OF CONFIDENTIALITY AND CONDITIONS OF VOLUNTEER PLACEMENT

(Please read carefully before signing)

1. I agree to hold in strict confidence any confidential information (patron, staff, and/or other persons) that I may come in contact with in my role as a volunteer.
2. The Worker’s Compensation Board for liability issues covers the Okotoks Public Library; through the Town of Okotoks all volunteers come under this policy.
3. A police check is required for all candidates who are selected to volunteer.
4. I understand that I must attend an interview to ascertain my suitability for, interest in, and ability to fulfill the volunteer position.
5. Volunteers shall report to the Circulation Supervisor; in their absence, to the Acting Manager. Any staff member may address other concerns connected with tasks.
6. I understand that any duties that I perform at the Okotoks Public Library are as a volunteer and not as an employee and I am expected to follow the direction of library staff and the library’s policies and procedures.
7. It is the volunteer’s responsibility to update any address, emergency contact or other changes to the information on this form and to update library staff if I am unable to fulfill my shift(s).
8. I understand that this form is kept on file until such time that I am no longer a volunteer.

All of the information contained in this application is true and the misrepresentation of any part of this application will be just and sufficient cause for termination of my volunteer placement.

I agree to release the use of any photos that may contain myself for future use in promotional and/or information activities as deemed appropriate by Okotoks Public Library.

Signature of Applicant: _____ Date: _____