



TOWN OF PELHAM PUBLIC LIBRARY

Fonthill Branch
43 Pelham Town Square Box 830
Fonthill, ON. L0S 1E0
905-892-6443

www.pelhamlibrary.on.ca

Maple Acre Branch
781 Canboro Rd. Box 294
Fenwick, ON. L0S 1C0
905-892-5226

Volunteer Application Form

Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone (Home): _____ (Work): _____ (Cell): _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Education Level Completed: _____ High School _____ College _____ University

Languages Spoken: _____

Are you 13 years of age or older? _____ Yes _____ No

(A minimum age of 13 is required to help with our library programs without parental supervision)

Are you presently working? _____ Yes _____ No

_____ Part-time _____ Full-time

Employer: _____

Work Experience: _____

Volunteer Experience: _____

Special Skills or Interests: _____

Why are you interested in volunteering at the Pelham Public Library?

Please indicate the amount of time you wish to volunteer:

_____ 2-4 hours a month

_____ 1-2 hours a week

When are you available?

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

_____ Saturday _____ Sunday

_____ Mornings _____ Afternoons _____ Evenings

Volunteer Opportunities-Please check those that you are interested in.

- Friends of the Library Volunteer (Friends of Pelham-quarterly, Maple Acre Friends-monthly)
- Book Buddy Teen Volunteer (1 hour per week) **Must be 14-18 years old*
- Books on Wheels Volunteer (2 hours per trip/visit)
- Community Reader Volunteer (as needed)
- Event Volunteer (as needed for in house library projects)
- Student Placement Volunteer (Special application & interview required)
- Special Project Volunteer (as needed)
- Fundraising Volunteer (as needed)

(See library for further details and volunteer job descriptions)

Do you have a valid Ontario Drivers License? _____ Yes _____ No

Do you have reliable transportation? _____ Yes _____ No

If driving for the Books on Wheels Program, do you have the minimum third party \$1, 000, 000 liability insurance? _____ Yes _____ No

Please list any allergies or medical conditions that you have (eg. bad back) that could affect your choice of volunteer work? _____

References:

1. Name: _____ Relationship: _____
Phone: (Home) _____ (Work) _____ (Cell) _____

2. Name: _____ Relationship: _____
Phone: (Home) _____ (Work) _____ (Cell) _____

To help with some library programs, further screening such as a police clearance check is needed. Have you had a police clearance check done recently?

_____ Yes _____ No

I verify that all the information provided by myself on this application form is true and that there is no reason why I should not be considered as a volunteer for the Town of Pelham Public Library. I also authorize the Town of Pelham Public Library to contact my references as provided.

Signature: _____ **Date:** _____

Personal information collected on this form is for internal purposes. Such information is collected under the authority of the Ontario Libraries Act 1984.