Volunteer Application Form

Niagara Falls Public Library

Personal Information

Legal Name		Preferred Name	
Last Name		Date of Birth	
Address			
City		Postal Code	
Phone		Email	
Education			

Work Experience

Volunteer Experience

Why would you like to volunteer for the Niagara Falls Public Library?

Volunteer Opportunities

- ☐ Adult Programs Volunteer
- ☐ Children's Program Volunteer
- ☐ Visiting Library Service
- ☐ Special Events Volunteer
- ☐ Community Service Hours

Availability

	MON	TUE	WED	THU	FRI	SAT	SUN
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐

References

Full Name | **Phone**

Full Name | **Phone**

I declare the information provided to be true and complete, and authorize the Niagara Falls Public Library to solicit reference from those named above. I understand that a Vulnerable Sector Screening Police Check is required as part of the application process to volunteer with Niagara Falls Public Library's Visiting Library Service.

Emergency Contact

Full Name | **Phone**

Confidentiality Agreement, Volunteer Code of Conduct and Privacy

I agree to protect the privacy of those who use the Library and hold all information about patrons in confidence. I understand that a breach of confidentiality is immediate ground for dismissal as a volunteer. The Niagara Falls Public Library will immediately terminate the Volunteer Contract should the volunteer be involved in any inappropriate conduct. Personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act 1989 and shall not be used or disclosed for purposes other than determining eligibility and suitability for volunteering at Niagara Falls Public Library. Personal information shall be retained only for the period of time required to fulfill the purposes for which it was collected. Personal information shall be protected by safeguards that are appropriate for the sensitivity of the information collected.

Volunteer Signature | **Date**

Parent/Guardian Signature | **Date**

Parent/Guardian's signature is require if volunteer is is under the age of 16. By signing, the parent/legal guardian recognizes the volunteer as a minor pursuant to the Age of Majority and Accountability Act and that they have permission to serve as a volunteer with the Library.

For Office Use Only

Police Check | **AODA / H&S Training**

Driver's Licence | **Insurance Policy & #**

Start Date | **Position / Location**